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| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7 Chapter 11          |
|   | Chapter 12 Chapter 13         |

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa           | art 1: Identify Yourself                         |                            |   |
|--------------|--|----------------------------|---|
|              |  | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.           | Your full name                                   | Patsy                      |   |
|              |  | First name                 | First name                                    |
| you<br>picti | Write the name that is on your government-issued | L                          |   |
|              | picture identification (for                      | Middle name                | Middle name                                   |
|              | example, your driver's license or passport       | Southward                  | · · · · · · · · · · · · · · · · · · ·         |
|              | licerise or passport                             | Last name                  | Last name                                     |
|              | Bring your picture identification to your        | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
|              | meeting with the trustee.                        | Garrix (Gr., Gr., II, III) | Carrix (Cr., Gr., II, III)                    |
| 2.           | All other names you                              |                            |   |
|              | have used in the last                            | First name                 | First name                                    |
|              | 8 years  |                            |   |
|              | Include your married or                          | Middle name                | Middle name                                   |
|              | maiden names.                                    | l saturana                 | Lest name                                     |
|              |  | Last name                  | Last name                                     |
|              |  | First name                 | First name                                    |
|              |  |                            |   |
|              |  | Middle name                | Middle name                                   |
|              |  |                            |   |
| L            |  | Last name                  | Last name                                     |
| 3.           | Only the last 4 digits of your Social            | XXX - XX6623               | xxx - xx-                                     |
|              | Security number or federal Individual            | OR                         | OR  |
|              | Taxpayer   | 9 xx - xx-                 | 9 xx - xx-                                    |
|              | Identification number (ITIN)                     |                            |   |

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| De | ebtor 1 Patsy  | L   | Southward   |                            | Case number <i>(if l</i> | known)   |  |
|----|--|---|---|----------------------------|--------------------------|--|--|
|    | First Name   | Middle Name                                       | Last Name   |                            |                          |  |  |
|    |  | About Debtor 1:                                   |   |                            | About Debt               | tor 2 (Spouse Only in  | n a Joint Case):                             |
| 4. | Any business names and Employer                        | I have not used any                               | business names or EIN                                 | Ns.                        | I have n                 | ot used any business na                                      | mes or EINs.                                 |
|    | Identification Numbers (EIN) you have used in the last | Business name                                     |   |                            | Business na              | ame  |  |
|    | 8 years  | Business name                                     |   |                            | Business na              | ame  |  |
|    | Include trade names and doing business as names        | EIN   |   |                            | EIN                      |  |  |
|    |  | EIN   |   |                            | EIN                      |  |  |
| 5. | Where you live   |   |   |                            | If Debtor 2 I            | lives at a different addı                                    | ress:  |
|    |  | 4330 W Lexington St 2nd<br>Number Street          | d FL  |                            | Number                   | Street   |  |
|    |  | Chicago Illino                                    | pis 60624   | <u> </u>                   |                          |  |  |
|    |  | City Stat   | e Zip Co  | ode                        | City                     | State  | Zip Code                                     |
|    |  | Cook<br>County                                    |   |                            | County                   |  |  |
|    |  | •   |   | L                          | -                        |  | l'   |
|    |  | If your mailing address above, fill it in here. N |   |                            |                          | s mailing address is one. Note that the court wi             |  |
|    |  | notices to you at this ma                         |   | Seria arry                 | this mailing a           |  | iii seria ariy riolices to                   |
|    |  | Number Street                                     |   |                            | Number                   | Street   |  |
|    |  |   |   |                            |                          |  |  |
|    |  | City  | State Zip   | Code                       | City                     | State  | Zip Code                                     |
| 6. | Why you are choosing this district                     | Check one:  |   |                            | Check one:               |  |  |
|    | to file for bankruptcy                                 | Over the last 180 da lived in this district le    | ays before filing this pet<br>onger than in any other | ition, I have<br>district. | Over the lived in t      | e last 180 days before filli<br>this district longer than in | ng this petition, I have any other district. |
|    |  | I have another reason                             | on. Explain. (See 28 U.S                              | S.C. §§ 1408.)             | I have a                 | nother reason. Explain. (                                    | See 28 U.S.C. §§ 1408.)                      |
|    |  |   |   |                            |                          |  |  |
|    |  |   |   |                            |                          |  |  |
|    |  |   |   |                            |                          |  |  |
|    |  |   |   |                            |                          |  |  |
|    |  |   |   |                            |                          |  |  |

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| Debtor 1 Patsy   | L  | Southward   | Case number (if kr  | own)  |
|--|--|---|---|---|
| First Name   | Middle Name  | Last Name   |   |   |
| Part 2: Tell the Cour  | t About Your Bankruptcy Ca   | se  |   |   |
| 7. The chapter of the<br>Bankruptcy Code<br>are choosing to fi<br>under  | you Bankruptcy (Form B2010)  | escription of each, see <i>Notice i</i>   |   | C. § 342(b) for Individuals Filing for opriate box.   |
| 8. How you will pay fee  | more details about he cashier's check, or new may pay with a credition of the cashier's check, or new may pay with a credition of the cashier's check, or new may pay with a credition of the cashier's check, or new may pay with a cashier of the ca | now you may pay. Typically, money order If your attorned it card or check with a pre-page in installments. If you che your Filing Fee in Installment in the bearing to waive your feed in that applies to your family | if you are paying they is submitting you rinted address.  cose this option, signs (Official Form 103)  uest this option only and may do so on ly size and you are | the clerk's office in your local court for the fee yourself, you may pay with cash, ar payment on your behalf, your attorney and attach the <i>Application for</i> BA).  If you are filing for Chapter 7. By law, a sally if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official) |
| 9. Have you filed for<br>bankruptcy within<br>last 8 years?  | IAZ I INO  | w   | /hen  | Case number  Case number  Case number   |
| 10. Are any bankrupt cases pending or being filed by a spouse who is not filing this case wit you, or by a busing partner, or by an affiliate? | Yes. Debtor t District   |   | /hen  | Relationship to you  Case number, if known  Relationship to you  Case number, if known  |
| 11. Do you rent your residence?  | ✓ No. Go to I  | line 12.  |   | o you want to stay in your residence?  st You (Form 101A) and file it with  |

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Debtor 1 Patsy Southward \_\_\_ Case number (if known) Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Patsy L Southward Case number (if known)
First Name Middle Name Last Name

| Pa  | Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling  |   |  |    |  |   |  |  |  |
|-----|---|---|--|----|--|---|--|--|--|
|     |   | About Debtor 1:   |  | Ab | out Debtor 2 (Sp   | oouse Only in a Joint Case):  |  |  |  |
| 15. | Tell the court  | You must check one:   |  | Yo | u must check one:  |   |  |  |  |
|     | whether you have received briefing about credit counseling.   | counseling agen   | ing from an approved credit<br>icy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.  |    | counseling ager  | fing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, and I received a<br>mpletion.   |  |  |  |
|     | The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.  If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. |   | he certificate and the payment plan, veloped with the agency.  |    |  | the certificate and the payment plan, eveloped with the agency.   |  |  |  |
|     |   | counseling agen   | ing from an approved credit<br>icy within the 180 days before I<br>ptcy petition, but I do not have a<br>inpletion.  |    | counseling ager  | fing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, but I do not have a<br>mpletion.  |  |  |  |
|     |   |   | er you file this bankruptcy petition, opy of the certificate and payment   |    |  | ter you file this bankruptcy petition, copy of the certificate and payment  |  |  |  |
|     |   | from an approve obtain those ser made my reques                   | ked for credit counseling services d agency, but was unable to vices during the 7 days after I t, and exigent circumstances emporary waiver of the                               |    | from an approve<br>obtain those ser<br>made my reques  | ked for credit counseling services<br>ed agency, but was unable to<br>rvices during the 7 days after I<br>st, and exigent circumstances<br>emporary waiver of the                 |  |  |  |
|     |   | requirement, attac<br>efforts you made t<br>unable to obtain it   | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were before you filed for bankruptcy, and imstances required you to file this     |    | requirement, attace efforts you made unable to obtain it   | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were t before you filed for bankruptcy, and umstances required you to file this    |  |  |  |
|     |   |   | e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.   |    |  | e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.  |  |  |  |
|     |   | receive a briefing<br>must file a certifica<br>with a copy of the | fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. |    | receive a briefing<br>must file a certification<br>with a copy of the                                  | sfied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. |  |  |  |
|     |   |   | he 30-day deadline is granted only mited to a maximum of 15 days.  |    | Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. |   |  |  |  |
|     |   | I am not required counseling beca                                 | d to receive a briefing about credit<br>ause of:   |    | I am not required to receive a briefing abo counseling because of:                                     |   |  |  |  |
|     |   | Incapacity.   | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.  |    | Incapacity.  | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.   |  |  |  |
|     |   | Disability.   | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.     |    | Disability.  | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.      |  |  |  |
|     |   | Active duty.  | I am currently on active military duty in a military combat zone.  |    | Active duty.   | I am currently on active military duty in a military combat zone.   |  |  |  |
|     |   | about credit coun   | are not required to receive a briefing seling, you must file a motion for ounseling with the court.  |    | about credit cour  | are not required to receive a briefing<br>seling, you must file a motion for<br>ounseling with the court.   |  |  |  |

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| Debtor 1 Patsy First Name   |  | thward Case r  | number (if known)  |
|---|--|--|--|
|   | estions for Reporting Purposes   | Than is  |  |
| 16. What kind of debts do you have?   | 16a. Are your debts primarily con "incurred by an individual property No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily but  | imarily for a personal, fami<br>siness debts? Business of<br>estment or through the ope  | debts are debts that you incurred to obtain peration of the business or investment.  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that fund  No.   |  | ny exempt property is excluded and administrative ute to unsecured creditors?  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 m \$10,000,001-\$50 \$50,000,001-\$100 \$100,000,001-\$50   | million \$1,000,000,001-\$10 billion 0 million \$10,000,000,001-\$50 billion   |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 m \$10,000,001-\$50 \$50,000,001-\$100 \$100,000,001-\$50   | million \$1,000,000,001-\$10 billion 0 million \$10,000,000,001-\$50 billion   |
| Part 7: Sign Below  | Lhave aveningd this petition, and  | l dealare under penalty of   | perjury that the information provided is true and  |
| For you   | correct.  If I have chosen to file under Chap of title 11, United States Code. I under Chapter 7.  If no attorney represents me and I out this document, I have obtained I request relief in accordance with I understand making a false statem connection with a bankruptcy case both. 18 U.S.C. §§ 152, 1341, 15 | oter 7, I am aware that I may<br>nderstand the relief availal<br>did not pay or agree to pay<br>d and read the notice requi<br>the chapter of title 11, Uni<br>nent, concealing property,<br>e can result in fines up to \$<br>19, and 3571. | by proceed, if eligible, under Chapter 7, 11,12, or 1 ble under each chapter, and I choose to proceed by someone who is not an attorney to help me fill ired by 11 U.S.C. § 342(b). ited States Code, specified in this petition. or obtaining money or property by fraud in \$250,000, or imprisonment for up to 20 years, or |
|   | /s/ Patsy Southward Signature of Debtor 1  | ×  |  |
|   | Executed on 9/21/2017 MM / DD / Y  | ······································   | Signature of Debtor 2  Executed on  MM / DD / YYYY   |

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| Debtor 1 Patsy                                   | L                          | Southward             | Case number (if            | f known)   |
|--|----------------------------|-----------------------|----------------------------|--|
| First Name                                       | Middle Name                | Last Name             |                            |  |
| For your attorney, if you are represented by one | eligibility to proceed und | der Chapter 7, 11, 12 | , or 13 of title 11, Unite | nave informed the debtor(s) about<br>ad States Code, and have explained the<br>also certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ  | ired by 11 U.S.C. § 3 | 342(b) and, in a case in v | which § 707(b)(4)(D) applies, certify that I   |
| represented by an                                | have no knowledge after    | an inquiry that the i | nformation in the sched    | dules filed with the petition is incorrect.  |
| attorney, you do not                             | 4.5                        |                       |                            | ·  |
| need to file this page.                          | /s/ Michael Miller         |                       | Date _                     | 9/21/2017  |
|  | Signature of Attorney f    | or Debtor             |                            | MM / DD / YYYY   |
|  | ,                          |                       |                            |  |
|  |                            |                       |                            |  |
|  | Michael Miller             |                       |                            |  |
|  | Printed name               |                       |                            |  |
|  | Semrad Law Firm            |                       |                            |  |
|  | Firm name                  |                       |                            |  |
|  | 20 S. Clark Street         |                       |                            |  |
|  | Street                     |                       |                            |  |
|  | 28th Floor                 |                       |                            |  |
|  | <del></del>                |                       |                            |  |
|  | Chicago                    |                       | Illinois                   | 60603  |
|  | City                       |                       | State                      | Zip Code   |
|  |                            |                       |                            |  |
|  | Contact phone              | 3122568728            | Email address              | mmiller@semradlaw.com  |
|  |                            |                       | <del>-</del>               |  |
|  |                            |                       | Illinois                   | S  |
|  | Bar number                 |                       | State                      |  |

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| Fill in this infor     | mation to identify your c | ase:        |                      |
|------------------------|---------------------------|-------------|----------------------|
| Debtor 1               | Patsy                     | L           | Southward            |
|                        | First Name                | Middle Name | Last Name            |
| Debtor 2               |                           |             |                      |
| (Spouse, if filing)    | First Name                | Middle Name | Last Name            |
| United States E        | Bankruptcy Court for the: | Northern    | District of Illinois |
|                        |                           |             | (State)              |
| Case number (If known) |                           |             |                      |

| П | Check if this is an |
|---|---------------------|
|   | amended filing      |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | Your assets<br>Value of what you own      |
|--|---|
| . Schedule A/B: Property (Official Form 106A/B)  | ФО ОО                                     |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | \$0.00                                    |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$2,143.33                                |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$2,143.33                                |
| Part 2: Summarize Your Liabilities   |   |
|  | <b>Your liabilities</b><br>Amount you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                  | \$1,000.00                                |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | 41,000.00                                 |
| s. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  | \$0.00                                    |
| On Constitution to the Indiana forms Doubt 1 (minimits consequent plains) forms line Co. of Colorado In T.         | ·   |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     | <b>#01 000 10</b>                         |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>           | \$31,098.40                               |
|  | \$32,098.40                               |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  |   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>           |   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  |   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | \$32,098.40                               |

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Debtor 1 Patsy Southward \_ Case number (if known) Middle Name First Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$2,679.42 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$13,385.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$13,385.00

9g. Total. Add lines 9a through 9f.

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| Fill in this              | sinformation                                | to identify your c  | ase:  |  |  |   |
|---------------------------|---|---|---|--|--|---|
| Debtor 1                  | Patsy                                       |   | L   | Southward  |  |   |
| Debtor 2<br>(Spouse, if f | First I                                     |   | Middle N  |  |  |   |
|                           | - 111311                                    | name<br>tcy Court for the:                                      | Middle N<br>Northern                                      | lame Last Name  District of Illinois   |  |   |
| Case nun                  |   | ,   |   | (State)  |  |   |
| (If known)                |   | 1001/5  |   |  |  | Check if this is an   |
|                           |   | 106A/B  | _   |  |  | amended filing  |
| Sche                      | dule A                                      | B: Prope  | erty  |  |  | 12/1  |
| category<br>responsib     | where you to<br>le for supply<br>r name and | nink it fits best. I<br>ring correct infor<br>case number (if l | Be as complete a<br>mation. If more s<br>known). Answer e | st an asset only once. If an asset fits in more<br>nd accurate as possible. If two married peop<br>pace is needed, attach a separate sheet to<br>very question.<br>nd, or Other Real Estate You Own or H | ole are filing together, both a<br>this form. On the top of any              | are equally   |
| 1. Do yo                  | u own or hav                                | e any legal or e  | quitable interest   | in any residence, building, land, or similar pr  | operty?  |   |
|                           | No. Go to F                                 |   |   | •  | . ,  |   |
| 1.1                       | Street addre                                | ess, if available, or   | other description   | What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home   | the amount of any secu   | claims or exemptions. Put<br>tred claims on Schedule D:<br>aims Secured by Property.<br>Current value of the<br>portion you own?            |
|                           | Number                                      | Street  |   | Land   |  |   |
|                           |   |   |   | Investment property Timeshare Other  | Describe the nature of interest (such as fee state the entireties, or a life | simple, tenancy by  |
|                           | City  | State   | Zip Code  | Who has an interest in the property? Checkone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another   |  | ommunity property   |
| lf you                    | own or have                                 | e more than one, li   | ist here:   | Other information you wish to add about the property identification number:  | nis item, such as local  |   |
| 1.2                       |   | ess, if available, or   |   | What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  | the amount of any secu   | claims or exemptions. Put<br>ired claims on <i>Schedule D:</i><br><i>aims Secured by Property.</i> Current value of the<br>portion you own? |
|                           | Number                                      | Street  | Zip Code  | Land Investment property Timeshare Other   | Describe the nature of interest (such as fees the entireties, or a life      | simple, tenancy by  |
|                           | Ony   | State   | Zip Code  | Who has an interest in the property? Checkone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another   | (see instructions)   | ommunity property   |

property identification number:

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| Debtor 1                              | Patsy<br>First Name  | L<br>Middle Name  | Southward<br>Last Name  | Case number    | (if known)   |   |
|---------------------------------------|--|-------------------|---|----------------|--|---|
|                                       | FIRST INAME  | Wilddie Name      |   | -1.            | D  | -l-' D. l   |
| 1.3Stre                               | et address, if available, or of                            | ther description  | What is the property? Check all that apply Single-family home   | ply.           | the amount of any secu   | claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property.   |
|                                       |  |                   | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home  |                | Current value of the entire property?                                    | Current value of the portion you own?   |
| Nur                                   | nber Street State  | Zip Code          | Land Investment property Timeshare Other  |                | Describe the nature of interest (such as fee s the entireties, or a life | imple, tenancy by   |
|                                       |  |                   | Who has an interest in the property? ( Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anoth Other information you wish to add abo | er             | Check if this is co (see instructions)                                   | mmunity property  |
|                                       |  |                   | property identification number:   | out tins item, | sucii as iocai   |   |
|                                       | the dollar value of the pove attached for Part 1. W        | -                 | all of your entries from Part 1, includi<br>here.<br>▶  | ng any entries | ; for pages  |   |
| Do you ov<br>you own t<br>3. Cars, va | hat someone else drives. If ans, trucks, tractors, sport u | equitable interes | st in any vehicles, whether they are reg<br>, also report it on Schedule G: Executory (<br>prcycles   | -              | -  |   |
| 3.1                                   | s<br>Make<br>Model:<br>Year:                               |                   | Who has an interest in the proper one.  Debtor 1 only   | rty? Check     | the amount of any secu   | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.        |
|                                       | Approximate mileage: Other information:                    |                   | Debtor 2 only Debtor 1 and Debtor 2 only  |                | Current value of the entire property?                                    | Current value of the portion you own?   |
|                                       |  |                   | At least one of the debtors and a Check if this is community proinstructions)   |                |  |   |
| 3.2                                   | Make<br>Model:<br>Year:                                    |                   | Who has an interest in the proper one.  Debtor 1 only   | ty? Check      | the amount of any secu   | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property. |
|                                       | Approximate mileage: Other information:                    |                   | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a  |                | Current value of the entire property?                                    | Current value of the portion you own?   |
|                                       |  |                   | Check if this is community proinstructions)   | operty (see    |  |   |

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|      | Patsy<br>First Name                                       | L<br>Middle Name | Southward  Last Name  | Case numbe   | er (if known)                                |   |
|------|---|------------------|---|--|--|---|
| 3.3  | Make Model: Year: Approximate mileage: Other information: |                  | Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor Check if this is communing instructions) | nly<br>rs and another                                    | the amount of any secu                       | claims or exemptions. Pured claims on Schedule nims Secured by Property  Current value of the portion you own?                    |
| 3.4  | Make Model: Year: Approximate mileage: Other information: | <u> </u>         | Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or  At least one of the debtor   | nly  | the amount of any secu                       | claims or exemptions. Property of the claims or Schedule aims Secured by Property Current value of the portion you own?           |
|      |   |                  |   |  |  |   |
|      | nples: Boats, trailers, motor<br>No<br>Yes                | •                | instructions) er recreational vehicles, other fishing vessels, snowmobiles, in the who has an interest in the   | motorcycle accessor                                      | Do not deduct secured                        | claims or exemptions. P   |
| Exar | nples: Boats, trailers, motor<br>No<br>Yes                | •                | er recreational vehicles, other<br>, fishing vessels, snowmobiles, l  | motorcycle accessor  property? Check  nly  s and another | Do not deduct secured the amount of any secu | claims or exemptions. P<br>tred claims on <i>Schedule</i><br>tims Secured by Property<br>Current value of the<br>portion you own? |

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| De       | ebtor 1             | Patsy<br>First Name               | L<br>Middle Name   | Southward<br>Last Name             | Case number (if known)         |  |
|----------|---------------------|-----------------------------------|--|------------------------------------|--------------------------------|--|
| Pa       | rt 3:               | Describe Y                        | our Personal and Household   | litems                             |                                |  |
| D        | o you               | own or hav                        | e any legal or equitable inter   | rest in any of the following       | items?                         | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|          | Examp               | _                                 | and furnishings<br>liances, fumiture, linens, china, kitcl                                     | henware                            |                                |  |
| <u> </u> | No<br>Yes. [        | Describe                          | Used Furniture   |                                    |                                | \$700.00   |
|          |                     | tronics<br>bles: Television       | s and radios; audio, video, stereo, a  | and digital equipment; computers   | s, printers, scanners; music   | 1  |
| <b>✓</b> |                     | Describe                          | (1)TV (1)Cellphone (1)IPad   |                                    |                                | \$400.00   |
|          |                     |                                   | ue<br>und figurines; paintings, prints, or o<br>in, or baseball card collections; othe         |                                    |                                |  |
| <b>✓</b> | No<br>Yes. [        | Describe                          |  |                                    |                                |  |
|          |                     | oles: Sports, ph                  | rts and hobbies<br>otographic, exercise, and other hol<br>s; carpentry tools; musical instrume |                                    | oles, golf clubs, skis; canoes |  |
| <b>✓</b> | No<br>Yes. [        | Describe                          |  |                                    |                                |  |
|          | 0. Fire             |                                   | es, shotguns, ammunition, and rela   | ated equipment                     |                                |  |
| Į.       | No                  | лез. Fistois, IIII                | es, snotguns, ammunition, and lea  | ateu equipment                     |                                |  |
| Ħ        | Yes. [              | Describe                          |  |                                    |                                |  |
|          | 1. Clo              |                                   | clothes, furs, leather coats, designer   | r wear, shoes, accessories         |                                |  |
|          | No                  |                                   |  |                                    |                                |  |
| <b>✓</b> | Yes. [              | Describe                          | Used Clothes   |                                    |                                | \$700.00   |
|          |                     | -                                 | ewelry, costume jewelry, engageme<br>r   | ent rings, wedding rings, heirloon | n jewelry, watches, gems,      |  |
|          | No<br>Yes. [        | Describe                          |  |                                    |                                |  |
|          |                     | n-farm animal<br>bles: Dogs, cats | s<br>s, birds, horses  |                                    |                                | 1  |
| ✓        | No                  |                                   |  |                                    |                                | 1  |
|          | Yes. [              | Describe                          |  |                                    |                                |  |
| _        | <b>4. Any</b><br>No | other person                      | al and household items you did   | not already list, including any    | health aids you did not list   | -  |
| 범        |                     | Describe                          |  |                                    |                                |  |
| Ш        |                     |                                   |  |                                    |                                |  |
|          |                     |                                   | lue of all of your entries from Pa<br>number here  | rt 3, including any entries for p  | pages you have attached        | \$1800.00  |

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| Debt         | or 1 Patsy             | L                                   | Southward                                  | Case number (if known)                 |  |
|--------------|------------------------|-------------------------------------|--|--|--|
|              | First Name             | Middle Name                         | Last Name                                  |  |  |
| Part 4       | Describe Your I        | Financial Assets                    |  |  |  |
| Doy          | you own or have an     | y legal or equitable interest       | t in any of the following                  | ?                                      | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16. <b>C</b> |                        |                                     | and the state of the state of the state of | handa kan sa sa 61a arawa 1915an       |  |
| E            | _                      | ve in your wallet, in your home, ir | a safe deposit box, and on                 | hand when you file your petition       |  |
|              | ✓ No                   |                                     |  |  |  |
|              | Yes                    |                                     |  | Cash:                                  |  |
| 17.          | Deposits of money      | avings or other financial accounts  | e: cortificates of denosit: share          | es in credit unions, brokerage houses, |  |
|              |                        | stitutions. If you have multiple ac |  |  |  |
|              | No                     |                                     |  |  |  |
|              | ✓ Yes                  |                                     | Institution name:                          |  |  |
|              |                        |                                     |  |  |  |
|              |                        | 17.1. Checking account:             | Bank of America                            |  | \$200.00   |
|              |                        | 17.2. Checking account:             | Chase Bank-Joint Account                   | t                                      | \$100.00   |
|              |                        | 17.3. Savings account:              |  |  |  |
|              |                        | 17.4. Savings account:              |  |  |  |
|              |                        | 17.5. Certificates of deposit:      |  |  |  |
|              |                        | 17.6. Other financial account:      |  |  |  |
|              |                        | 17.7. Other financial account:      |  |  |  |
|              |                        | 17.8. Other financial account:      |  |  |  |
|              |                        | 17.9. Other financial account:      |  |  |  |
| 18.          |                        | or publicly traded stocks           |  |  |  |
|              | _                      | , investment accounts with broker   | rage firms, money market acc               | counts                                 |  |
|              | No ✓ Yes               | Institution or issuer name:         |  |  |  |
|              |                        | Stock with Employer                 |  |  | \$43.33  |
|              |                        |                                     |  |  |  |
|              |                        |                                     |  |  | <del>-</del> -   |
| 19.          | Non-nublicly traded s  | tock and interests in incornora     | ited and unincorporated by                 | sinesses, including an interest in     |  |
| 10.          | an LLC, partnership, a |                                     | nted and annicorporated be                 | isinesses, morading an interest in     |  |
|              | <b>✓</b> No            |                                     |  |  |  |
|              | Yes. Give specific     | Name of entity                      |  | % of ownership:                        |  |
|              | information about them |                                     |  |  |  |
|              |                        |                                     |  |  |  |
|              |                        |                                     |  |  |  |

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| Debt | tor 1 Patsy  | L  | Southward                      | Case number (if known)                   |   |
|------|--|--|--------------------------------|--|---|
|      | First Name   | Middle Name  | Last Name                      |  | _ |
| 20.  | Negotiable instruments                               | orate bonds and other negotial include personal checks, cashiers ents are those you cannot transfers are those you cannot transfers.                   | checks, promissory note        | es, and money orders.                    |   |
|      |  |  |                                |  |   |
| 21.  | Retirement or pension<br>Examples: Interests in IF   |  | ), thrift savings accounts,    | or other pension or profit-sharing plans |   |
|      | Yes. List each                                       | Type of account:   | Institution name:              |  |   |
|      | account  | 401(k) or similar plan:  |                                |  |   |
|      | separately.  | Pension plan:  |                                |  |   |
|      |  | IRA:   |                                |  |   |
|      |  | Retirement account:  |                                |  |   |
|      |  | Keogh:   | -                              |  |   |
|      |  | Additional account:  |                                |  |   |
|      |  | Additional account:  |                                |  |   |
|      | Examples: Agreements of companies, or others  No Yes | Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented fumiture: Other: or a periodic payment of money to | c utilities (electric, gas, wa | ter), telecommunications                 |   |
| 23.  | _  | or a periodic payment of money to  | you, either for life or for a  | a number of years)                       |   |
|      | ✓ No  Yes  | Issuer name and description:   |                                |  |   |
|      |  | -  |                                |  |   |
|      |  |  |                                |  |   |
|      |  |  |                                |  |   |

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| Debto | or 1 Patsy  | L  | Southward   | Case number (if known)  |   |
|-------|---|--|---|---|---|
|       | First Name  | Middle Nan   |   |   |   |
| 24.   |   | education IRA, in an accou<br>30(b)(1), 529A(b), and 529(b)(   |   | under a qualified state tuition program.  |   |
|       | ✓ No<br>Yes   | nstitution name and description  | n. Separately file the records of any i                                   | nterests.11 U.S.C. § 521(c):  |   |
|       | -<br>-  |  |   |   |   |
| 0.5   | <del>-</del>  |  |   | . F 4) 4  |   |
| 25.   | exercisable for   |  | perty (other than anything listed i                                       | i line 1), and rights or powers   |   |
|       | ✓ No  Yes. Descri   | be   |   |   |   |
| 26.   |   |  | crets, and other intellectual properproceeds from royalties and licensing |   |   |
|       | ✓ No  Yes. Descri   | be   |   |   |   |
|       |   |  |   |   |   |
| 27.   |   | chises, and other general in<br>ling permits, exclusive licenses   | tangibles<br>s, cooperative association holdings, li                      | quor licenses, professional licenses  |   |
|       | <b>✓</b> No   |  |   |   |   |
|       | Yes. Descri   | be   |   |   |   |
|       |   |  |   |   |   |
|       |   |  |   |   |   |
| Mon   | ey or propert   | y owed to you?   |   |   | Current value of the portion you own?  Do not deduct secured claims or exemptions.  |
|       | ey or propert  Tax refunds ow   |  |   |   | portion you own? Do not deduct secured  |
|       |   |  |   |   | portion you own? Do not deduct secured  |
|       | Tax refunds ow  ✓ No  ☐ Yes. Give sp  | ed to you pecific information  |   | Federal:  | portion you own? Do not deduct secured  |
|       | Tax refunds ow  ✓ No  Yes. Give sp about you ali  | ed to you  Decific information them, including whether ready filed the returns   |   | Federal: State:   | portion you own? Do not deduct secured claims or exemptions.  |
| 28.   | Tax refunds ow  ✓ No  Yes. Give sp about you all and th   | ed to you  Decific information them, including whether   |   |   | portion you own? Do not deduct secured claims or exemptions.  |
| 28.   | Tax refunds ow  No Yes. Give sp about you all and th  Family support  | ed to you  Decific information them, including whether ready filed the returns e tax years   | usal support, child support, mainten                                      | State:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.   | Tax refunds ow  No Yes. Give spabout you all and th  Family support Examples: Past of   | ed to you  Decific information them, including whether ready filed the returns e tax years   | rusal support, child support, mainten                                     | State:<br>Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.   | Tax refunds ow  No Yes. Give spabout you all and th  Family support Examples: Past of   | ed to you  Decific information them, including whether ready filed the returns e tax years   | rusal support, child support, mainten                                     | State:  Local: ance, divorce settlement, property settlemen   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.   | Tax refunds ow  No Yes. Give spabout you all and th  Family support Examples: Past of   | ed to you  Decific information them, including whether ready filed the returns e tax years   | rusal support, child support, mainten                                     | State: Local: ance, divorce settlement, property settlemen Alimony:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t                                   |
| 28.   | Tax refunds ow  No Yes. Give spabout you all and th  Family support Examples: Past of   | ed to you  Decific information them, including whether ready filed the returns e tax years   | usal support, child support, mainten                                      | State: Local: ance, divorce settlement, property settlemen Alimony: Maintenance:                                | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 t \$0.00                               |
| 28.   | Tax refunds ow  No Yes. Give spabout you all and th  Family support Examples: Past of   | ed to you  Decific information them, including whether ready filed the returns e tax years   | usal support, child support, mainten                                      | State: Local:  ance, divorce settlement, property settlement Alimony: Maintenance: Support:                     | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00 \$0.00                |
| 29.   | Tax refunds ow  No Yes. Give spabout you all and the samples: Past of No Yes. Give sport Examples: Past of No Yes. Give sport Famounts Examples: Unpa   | ed to you  Decific information them, including whether ready filed the returns to tax years  |   | State: Local:  ance, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | Tax refunds ow  No Yes. Give spabout you all and the samples: Past of No Yes. Give sport Examples: Past of No Yes. Give sport Famounts Examples: Unpa   | ed to you  Decific information them, including whether ready filed the returns to tax years  | payments, disability benefits, sick pay                                   | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement                           | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | Tax refunds ow  No Yes. Give spabout you all and th  Family support Examples: Past of Yes. Give spate of the spane of the | pecific information them, including whether ready filed the returns e tax years  due or lump sum alimony, sponecific information  someone owes you d wages, disability insurance if Security benefits; unpaid loar | payments, disability benefits, sick pay                                   | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement                           | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb  | tor 1 Patsy   | L                        | Southward                        | Case number (if known)                        |                                       |
|------|---|--------------------------|----------------------------------|---|---------------------------------------|
|      | First Name  | Middle Name              | Last Name                        |   |                                       |
| 31.  | Interests in insurance policies<br>Examples: Health, disability, or life                                      |                          | ings account (HSA); credit, hon  | neowner's, or renter's insurance              |                                       |
|      | No  ✓ Yes. Name the insurance con   | Comp                     | pany name:                       | Beneficiary:                                  | Surrender or refund value:            |
|      | of each policy and list its value   |                          | nsurance through employer        |   | \$0.00                                |
|      |   |                          |                                  |   |                                       |
|      |   |                          |                                  |   |                                       |
| 32.  | Any interest in property that is<br>If you are the beneficiary of a living<br>property because someone has of | ng trust, expect proceed |                                  | or are currently entitled to receive          |                                       |
|      | <b>✓</b> No   |                          |                                  |   |                                       |
|      | Yes. Describe   |                          |                                  |   |                                       |
| 33.  | Claims against third parties, w   |                          |                                  | demand for payment                            |                                       |
|      | ✓ No  |                          |                                  |   |                                       |
|      | Yes. Describe   |                          |                                  |   |                                       |
| 34.  | Other contingent and unliquid to set off claims   | ated claims of every     | nature, including countercla     | ims of the debtor and rights                  |                                       |
|      | <b>✓</b> No   |                          |                                  |   |                                       |
|      | Yes. Describe   |                          |                                  |   |                                       |
| 35.  | Any financial assets you did no   | ot already list          |                                  |   |                                       |
|      | ✓ No  |                          |                                  |   |                                       |
|      | Yes. Describe   |                          |                                  |   |                                       |
|      |   |                          |                                  |   |                                       |
| 36.  | Add the dollar value of all of your part 4. Write that number h   |                          |                                  |   | \$343.33                              |
|      | ioi i uit 4. Wite that hamber i   |                          |                                  |   |                                       |
| Part | 5: Describe Any Business  | -Related Property        | You Own or Have an Inte          | erest In. List any real estate in Part        | 11.                                   |
| 37.  | Do you own or have any legal  | or equitable interest    | in any business-related prop     | erty?   |                                       |
|      | No. Go to Part 6.   |                          |                                  |   | Current value of the portion you own? |
|      | Yes. Go to line 38.   |                          |                                  | Ē   | Do not deduct secured claims          |
| 38.  | Accounts receivable or comm   | issions you already e    | arned                            | C   | r exemptions                          |
|      | <b>✓</b> No   |                          |                                  |   |                                       |
|      | Yes. Describe   |                          |                                  |   |                                       |
|      |   |                          |                                  |   |                                       |
| 39.  | Office equipment, furnishings, Examples: Business-related com   |                          | ems, printers, copiers, fax mach | nines, rugs, telephones, desks, chairs, elect | ronic devices                         |
|      | ✓ No  |                          |                                  |   |                                       |
|      | Yes. Describe   |                          |                                  |   |                                       |
|      |   |                          |                                  |   |                                       |

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| Deb      | tor 1 Patsy             | L                                | Southward                             | Case number (if known)                |  |
|----------|-------------------------|----------------------------------|---------------------------------------|---------------------------------------|--|
|          | First Name              | Middle Name                      | Last Name                             | _                                     |  |
| 40.      | Machinery, fixtures, e  | equipment, supplies you u        | se in business, and tools of your t   | rade                                  |  |
|          | <b>✓</b> No             |                                  |                                       |                                       |  |
|          | Yes. Describe           |                                  |                                       |                                       |  |
|          |                         |                                  |                                       |                                       |  |
|          |                         |                                  |                                       |                                       |  |
| 41.      | Inventory               |                                  |                                       |                                       |  |
|          | <b>✓</b> No             |                                  |                                       |                                       |  |
|          | Yes. Describe           |                                  |                                       |                                       |  |
|          | <del>_</del>            |                                  |                                       |                                       |  |
| 12       | Interests in partnersh  | ine or joint ventures            |                                       |                                       |  |
| 42.      |                         | iips or joint ventures           |                                       |                                       |  |
|          | <b>✓</b> No             | ı                                | Name of entity:                       | % of ownership:                       |  |
|          | Yes. Give specific      | ·                                | tame or ondry.                        | % of ownerence.                       |  |
|          | information about them  | -                                |                                       |                                       | <del>-</del> ———                               |
|          | urom                    |                                  |                                       |                                       |  |
|          |                         |                                  |                                       | <u> </u>                              |  |
| 12       | Customor lists mailing  | lists, or other compilation      | ane                                   | · · · · · · · · · · · · · · · · · · · | <del>.</del> ———                               |
| 45.      |                         | insts, or other compliant        | ons .                                 |                                       |  |
|          | <b>✓</b> No             |                                  |                                       |                                       |  |
|          | Yes. Do your lists in   | nclude personally identifiable   | e information (as defined in 11 U.S.0 | C. § 101(41A))?                       |  |
|          | ☐ No                    |                                  |                                       |                                       |  |
|          | Yes. Desc               | ribe                             |                                       |                                       |  |
|          |                         |                                  |                                       |                                       |  |
| 44.      | Any business-related    | property you did not alre        | ady list                              |                                       |  |
|          | <b>✓</b> No             |                                  |                                       |                                       |  |
|          | Yes. Give specific      | =                                |                                       |                                       | <del></del>                                    |
|          | information             | _                                |                                       |                                       | <u> </u>                                       |
|          |                         |                                  |                                       |                                       |  |
|          |                         | -                                |                                       |                                       | <del>_</del>                                   |
|          |                         | <del>-</del>                     |                                       |                                       | <u> </u>                                       |
|          |                         |                                  |                                       |                                       |  |
|          |                         | -                                |                                       |                                       | _  |
|          |                         | -                                |                                       |                                       |  |
|          |                         |                                  |                                       |                                       |  |
|          |                         |                                  | rt 5, including any entries for pag   |                                       |  |
| <b>•</b> | art 5. Write that humbe | 31 Here                          |                                       |                                       |  |
| Part     | 6: Describe Any F       | arm- and Commercia               | Fishing-Related Property Yo           | u Own or Have an Interest In.         |  |
|          | If you own or have an   | interest in farmland, list it in | Part 1.                               |                                       |  |
| 46.      | Do you own or have a    | ny legal or equitable inte       | rest in any farm- or commercial f     | ishing-related property?              |  |
|          | No. Go to Part 7.       |                                  |                                       |                                       | Current value of the                           |
|          | Yes. Go to line 47.     |                                  |                                       |                                       | portion you own?  Do not deduct secured claims |
|          |                         |                                  |                                       |                                       | or exemptions                                  |
| 47.      | Farm animals            |                                  |                                       |                                       |  |
|          | Examples: Livestock, p  | oultry, farm-raised fish         |                                       |                                       |  |
|          | <b>✓</b> No             |                                  |                                       |                                       |  |
|          | Yes. Describe           |                                  |                                       |                                       |  |
|          |                         |                                  |                                       |                                       |  |
|          |                         |                                  |                                       |                                       |  |

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| Deb          | tor 1 Patsy<br>First Name  | L<br>Middle Name                      | Southward<br>Last Name     | Case number (if known)       |             |
|--------------|----------------------------|---------------------------------------|----------------------------|------------------------------|-------------|
| 40           |                            |                                       | Last Name                  |                              |             |
| 48.          | Crops-either growing       | or narvested                          |                            |                              |             |
|              | <b>✓</b> No                |                                       |                            |                              |             |
|              | Yes. Describe              |                                       |                            |                              |             |
|              |                            |                                       |                            |                              |             |
| 49           | Farm and fishing equir     | ment, implements, machinery, fix      | tures and tools of trade   | <u>.</u>                     |             |
| 10.          | _                          | mont, impromonto, maoinno, y, iix     | icaroo, ana toolo or trade |                              |             |
|              | No                         |                                       |                            |                              |             |
|              | Yes. Describe              |                                       |                            |                              |             |
|              |                            |                                       |                            |                              |             |
| 50.          | Farm and fishing suppl     | ies, chemicals, and feed              |                            |                              |             |
|              | No No                      |                                       |                            |                              |             |
|              | Yes. Describe              |                                       |                            |                              |             |
|              | Laci Bessingsin            |                                       |                            |                              |             |
|              |                            |                                       |                            |                              |             |
| 51.          | Any farm- and comme        | rcial fishing-related property you    | did not already list       |                              |             |
|              | <b>✓</b> No                |                                       |                            |                              |             |
|              | Yes. Describe              |                                       |                            |                              |             |
|              |                            |                                       |                            |                              |             |
|              |                            |                                       |                            | Г                            |             |
|              |                            | l of your entries from Part 6, inclu  |                            |                              |             |
| for Pa       | art 6. Write that number   | here                                  |                            |                              |             |
|              |                            |                                       |                            |                              |             |
|              |                            |                                       |                            |                              |             |
| Part         | 7: Describe All Pro        | perty You Own or Have an Int          | erest in That You Did      | Not List Above               |             |
|              |                            | perty of any kind you did not alrea   |                            |                              |             |
| 55.          |                            | s, country club membership            | uy iist:                   |                              |             |
|              | ✓ No                       |                                       |                            |                              | 1           |
|              | Yes. Give specific         |                                       |                            |                              |             |
|              | information                |                                       |                            |                              |             |
|              |                            |                                       |                            |                              |             |
|              |                            |                                       |                            |                              |             |
| 54 A         | dd the dollar value of al  | I of your entries from Part 7. Write  | that number here           |                              | •           |
|              | au tho donar raido or ar   | . or your onlines from a ure 7. White | , that hambor horo mini    |                              |             |
|              |                            |                                       |                            |                              |             |
|              |                            |                                       |                            |                              |             |
|              |                            |                                       |                            |                              |             |
|              |                            |                                       |                            |                              |             |
| Part         | 8: List the Totals of      | Each Part of this Form                |                            |                              |             |
| 55           | Part 1: Total real estate  | , line 2                              |                            | <b>•</b>                     |             |
|              |                            | ,                                     |                            |                              |             |
| 56.          | part 2 total vehicles, lin | e 5                                   |                            | <u></u>                      |             |
| 57. <b>F</b> | art 3: Total personal an   | d household items, line 15            | \$1800.00                  |                              |             |
| 58. <b>F</b> | Part 4: Total financial as | sets, line 36                         |                            | <del></del>                  |             |
|              |                            |                                       | \$343.33                   | <del></del> ,                |             |
|              | Part 5: Total business-re  |                                       |                            | <u> </u>                     |             |
| 60.          | Part 6: Total farm- and f  | ishing-related property, line 52      |                            |                              |             |
| 61.          | Part 7: Total other prop   | erty not listed, line 54              |                            |                              |             |
| 62.          | Total personal property.   | Add lines 56 through 61               |                            |                              | 00110.00    |
|              |                            | . <b>.</b>                            | \$2143.33                  | Copy personal property total | + \$2143.33 |
|              |                            |                                       |                            |                              |             |
| 00 -         | latal at all               | abadula A/D Add Poses P. Co.          |                            |                              | \$2143.33   |
| 63. <b>T</b> | otal of all property on S  | chedule A/B. Add line 55 + line 62.   |                            |                              | 1           |

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| Fill in this information to identify your case: |   |             |           |  |  |  |  |
|---|---|-------------|-----------|--|--|--|--|
| Debtor 1  | Patsy   | L           | Southward |  |  |  |  |
|   | First Name  | Middle Name | Last Name |  |  |  |  |
| Debtor 2  |   |             |           |  |  |  |  |
| (Spouse, if filing)                             | First Name  | Middle Name | Last Name |  |  |  |  |
| United States E                                 | United States Bankruptcy Court for the: Northern District of Illinois |             |           |  |  |  |  |
| (State)   |   |             |           |  |  |  |  |
| Case number<br>(If known)                       |   |             |           |  |  |  |  |

#### Official Form 106C

#### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | Identify the Property You Clair  | n as Exempt   |   |                                    |  |  |  |  |  |
|----|--|---|---|------------------------------------|--|--|--|--|--|
| 1. | 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. |   |   |                                    |  |  |  |  |  |
|    | ✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)                 |   |   |                                    |  |  |  |  |  |
|    | You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)   |   |   |                                    |  |  |  |  |  |
| 2. | For any property you list on Schedule A  | /B that you claim as e  | xempt, fill in the information below.   |                                    |  |  |  |  |  |
|    | Brief description of the property and line on Schedule A/B that lists this property                  | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption |  |  |  |  |  |
|    | Brief description:  Checking account, Bank of America  Line from Schedule A/B:  17                   | \$200.00  | \$200.00  100% of fair market value, up to any applicable statutory limit                           | 735 ILCS 5/12-1001(b)              |  |  |  |  |  |
|    | Brief description: Used Furniture Line from Schedule A/B: 06   | \$700.00  | \$0  100% of fair market value, up to any applicable statutory limit                                | 735 ILCS 5/12-1001(b)              |  |  |  |  |  |
| 3. | ✓ No   | ery 3 years after that for  | 375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case? |                                    |  |  |  |  |  |

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Debtor 1 Patsy Southward Case number (if known) First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property own Check only one box for each exemption. Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$100.00 description: V \$100.00 Checking account, 100% of fair market value, up to any **Chase Bank-Joint** applicable statutory limit Account Line from Schedule A/B: 17 735 ILCS 5/12-1001(a) \$700.00 description: **✓** \$700.00 **Used Clothes** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief description: \$400.00 **✓** \$400.00 (1)TV (1)Cellphone 100% of fair market value, up to any (1)IPad applicable statutory limit Line from Schedule A/B: Brief 735 ILCS 5/12-1001(b) description: \$43.33 **✓** \$43.33 Stock with Employer 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 18 Brief 735 ILCS 5/12-1001(f) \$0.00 description: \$0 Life insurance through 100% of fair market value, up to any employer

applicable statutory limit

Line from Schedule A/B:

31

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|   |  | Do   | cument Page 22 of   | //  |   |                                    |
|---|--|--|---|---|---|------------------------------------|
| Fill in this infor  | mation to identify your ca   | se:  |   |   |   |                                    |
| Debtor 1  | Patsy  | L  | Southward   |   |   |                                    |
|   | First Name   | Middle Name  | Last Name   |   |   |                                    |
| Debtor 2<br>(Spouse, if filing)                               | First Name   | Middle Name  | Last Name   |   |   |                                    |
| United States F   |  | Northern   | District of Illinois  |   |   |                                    |
| Officed States E  | sankruptcy Court for the.  | Northern   | (State)   |   |   |                                    |
| Case number (If known)  |  |  |   |   |   |                                    |
| Official  | Form 106D  |  |   | J   |   | Check if this is an amended filing |
| Schedu  | le D: Credite  | ors Who Ha   | ve Claims Secure  | ed by Prop  |   | 12/15                              |
| 1. Do any of No. (  Yes.  Part 1: List.  2. List all separate | Fill in all of the information  All Secured Claims  secured claims. If a credit ly for each claim. If more the | nit this form to the court wan below.  tor has more than one section one creditor has a part | with your other schedules. You have ured claim, list the creditor ticular claim, list the other creditors | ve nothing else to rep  Column A  Amount of claim | ort on this form.  Column B  Value of     | Column C<br>Unsecured              |
| name.   | . As much as possible, list  | the claims in alphabetical   | order according to the creditor's   | Do not deduct the value of collateral.            | collateral<br>that supports<br>this claim | portion<br>If any                  |
| 2.1 Aarons F  |  | Describe the property  | that secures the claim:   | \$1,000.00  | \$700.00                                  | \$300.00                           |
| Creditor's  | Lake St,   | Used Furniture   Value: S  |   |   |   |                                    |
| Numb<br>Addisor   | er Street<br>n Green Meadows   |  | , the claim is: Check all that apply.   |   |   |                                    |
| Shoppii   |  | Contingent   |   |   |   |                                    |
| Addisor   | ı IL 60101   | Unliquidated Disputed  |   |   |   |                                    |
| City<br>Who ow  | State ZIP Code res the debt? Check one.  | ш .  | Il that apply   |   |   |                                    |
|   | otor 1 only  | Nature of lien. Check a  | ,   |   |   |                                    |
|   | otor 2 only  | car loan)  | made (such as mortgage or secured   |   |   |                                    |
| Deb   | tor 1 and Debtor 2 only  | Statutory lien (such   | as tax lien, mechanic's lien)   |   |   |                                    |
|   | east one of the debtors  | Judgment lien from   | a lawsuit   |   |   |                                    |
| Che   | another<br>eck if this claim relates<br>a community debt   | Other (including a ri  | ght to offset) Lease on Furniture   |   |   |                                    |
| Date de incurre   | bt was   | Last 4 digits of accoun  | nt number   |   |   |                                    |

 $\label{eq:Add-def} \textbf{Add the dollar value of your entries in Column A on this page. Write that number}$ 

here:

\$1,000.00

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| Filli                 | n this infor   | mation to identify your c   | ase:  |   |  |   |  |  |
|-----------------------|--|---|---|---|--|---|--|--|
| Deb                   | tor 1  | Patsy   | L   | Southward   |  |   |  |  |
|                       |  | First Name  | Middle Name   | Last Name   |  |   |  |  |
|                       | tor 2  |   |   |   |  |   |  |  |
| (Spo                  | use, if filing)  | First Name  | Middle Name   | Last Name   |  |   |  |  |
| Unit                  | ted States E   | Bankruptcy Court for the:   | Northern  | District of Illinois  |  |   |  |  |
|                       |  |   |   | (State)   |  |   |  |  |
| (If kn                | e number<br><sub>own)</sub>                                |   |   |   | <del></del>  |   |  |  |
| Off                   | ficial F   | orm 106E/F  |   |   |  | Che   | eck if this is ar                                  | n amended filing   |
|                       |  |   |   |   |  |   |  |  |
| Sc                    | chedu  | ule E/F: Cre  | editors Who   | Have Uns  | ecured Claims  |   |  | 12/1   |
| othe<br>Form<br>clain | r party to a<br>n 106A/B) a<br>ns that are<br>entries in t | any executory contract<br>and on Schedule G: Exe<br>e listed in Schedule D: C             | s or unexpired leases tha<br>ecutory Contracts and Un<br>Creditors Who Hold Claim | t could result in a clai<br>expired Leases (Officia<br>s Secured by Property        | ims and Part 2 for creditors wit<br>m. Also list executory contracts<br>al Form 106G). Do not include a<br>. If more space is needed, copy<br>e top of any additional pages, w | on <i>Sched</i><br>ny credito<br>the Part y | ule A/B: Prop<br>rs with partia<br>ou need, fill i | <i>perty</i> (Official<br>ally secured<br>it out, number |
| Par                   | t 1: List  | All of Your PRIORIT   | Y Unsecured Claims  |   |  |   |  |  |
| 1.                    | Do any c   | reditors have priority ur   | nsecured claims against y   | ou?   |  |   |  |  |
|                       | <b>√</b> No. (   | Go to Part 2.   |   |   |  |   |  |  |
|                       | Yes.   |   |   |   |  |   |  |  |
| 2.                    | listed, idea<br>As much<br>Continuat                       | ntify what type of claim it<br>as possible, list the claims<br>ion Page of Part 1. If mor | is. If a claim has both prior   | ity and nonpriority amou<br>ding to the creditor's na<br>particular claim, list the |  | ooth priority                               | y and nonpric                                      | ority amounts.   |
|                       | (. Or air or   | p.a.radori or odori typo or   | J. J  | 101111 111 1110 111011  | 20.0   | Total                                       | Priority   | Nonpriority  |

claim

amount

amount

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| Debte  | or 1   | Patsy   | L                         | Southward          | Case number (if known)  |                   |  |  |  |  |  |
|--------|--|---|---------------------------|--------------------|---|-------------------|--|--|--|--|--|
|        |  | First Name  | Middle Name               | Last Name          |   |                   |  |  |  |  |  |
|        | Part 2: List All of Your NONPRIORITY Unsecured Claims  |   |                           |                    |   |                   |  |  |  |  |  |
| Į      | Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes. |   |                           |                    |   |                   |  |  |  |  |  |
| l<br>I | inse<br>f me   | ecured claim, list the creditor sepa                                    | arately for each claim. F | or each claim list | of the creditor who holds each claim. If a creditor has more ged, identify what type of claim it is. Do not list claims already integral 3. If you have more than four priority unsecured claims fill out | cluded in Part 1. |  |  |  |  |  |
|        |  |   |                           |                    |   | Total claim       |  |  |  |  |  |
| 4.1    | No   | MER FST FIN<br>onpriority Creditor's Name<br>515 N. Ridge Rd, Suite 200 |                           |                    | ast 4 digits of account number         0001           /hen was the debt incurred?         3/2016  | \$1,512.00        |  |  |  |  |  |
|        | Νι   | umber Street  |                           | A                  | s of the date you file, the claim is: Check all that apply.   |                   |  |  |  |  |  |
|        | Ci   | ho incurred the debt? Check o   | Zip Cod                   |                    | Contingent Unliquidated Disputed  ype of NONPRIORITY unsecured claim: Student loans   |                   |  |  |  |  |  |
|        | Ļ  | <u>-</u>  | d an ath ar               | L                  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                   |  |  |  |  |  |
|        | Ļ  | At least one of the debtors and   |                           |                    | Debts to pension or profit-sharing plans, and other similar   |                   |  |  |  |  |  |
|        | L  | Check if this claim relates t<br>the claim subject to offset?           | o a community debt        | -                  | debts Other. Specify 52 InstallmentLoan   |                   |  |  |  |  |  |
|        | <u></u>  | No Yes  |                           | Ľ                  | <u> </u>  |                   |  |  |  |  |  |
| 4.2    |  | ar Town Inc   |                           |                    | ast 4 digits of account number  | \$960.40          |  |  |  |  |  |
|        |  | onpriority Creditor's Name<br>50 N Western Ave                          |                           |                    | /hen was the debt incurred? n/a   |                   |  |  |  |  |  |
|        | _  | umber Street  |                           |                    | s of the date you file, the claim is: Check all that apply.   |                   |  |  |  |  |  |
|        | _  |   |                           | r̂                 | Contingent  |                   |  |  |  |  |  |
|        | C!   | hioogo Illinoin   | 60600                     | ř                  | Unliquidated  |                   |  |  |  |  |  |
|        | Ci   | hicago Illinois<br>ity State  | 60622<br>Zip Cod          | e -                | Disputed  |                   |  |  |  |  |  |
|        | W  | ho incurred the debt? Check o Debtor 1 only                             | ne.                       |                    | ype of NONPRIORITY unsecured claim:   |                   |  |  |  |  |  |
|        |  | <b>∃</b>  |                           | Г                  | Student loans   |                   |  |  |  |  |  |
|        | L  | Debtor 2 only   |                           | Ī                  | Obligations arising out of a separation agreement or  |                   |  |  |  |  |  |
|        | L  | Debtor 1 and Debtor 2 only  |                           | _                  | divorce that you did not report as priority claims  |                   |  |  |  |  |  |
|        | Ļ  | At least one of the debtors and   |                           | L                  | Debts to pension or profit-sharing plans, and other similar debts   |                   |  |  |  |  |  |
|        | L  | Check if this claim relates t   | o a community debt        | <u> </u>           | Other. Specify2009-M1-191177  |                   |  |  |  |  |  |
|        | Is   | the claim subject to offset?  No  |                           |                    |   |                   |  |  |  |  |  |
|        | Ľ  | Yes   |                           |                    |   |                   |  |  |  |  |  |
| 4.2    | Ci   | ity of Chicago - Parking and red L                                      | ight Tickets              |                    |   | \$4,000,00        |  |  |  |  |  |
| 4.3    | No   | onpriority Creditor's Name  |                           |                    | ast 4 digits of account number  | \$4,000.00        |  |  |  |  |  |
|        | _  | epartment of Revenue - PO Box and a street                              | 88292                     | W                  | /hen was the debt incurred?n/a  |                   |  |  |  |  |  |
|        |  |   |                           | A                  | s of the date you file, the claim is: Check all that apply.   |                   |  |  |  |  |  |
|        |  |   |                           |                    | Contingent Unliquidated   |                   |  |  |  |  |  |
|        | <u>Cł</u><br>Ci  | hicago Illinois<br>itv State  | 60680<br>Zip Cod          | <u> </u>           | Disputed  |                   |  |  |  |  |  |
|        |  | <b>'ho incurred the debt?</b> Check o                                   | •                         | _                  | <b>-</b>  |                   |  |  |  |  |  |
|        | ~  | Debtor 1 only   |                           | · ·                | ype of NONPRIORITY unsecured claim:  Student loans  |                   |  |  |  |  |  |
|        |  | Debtor 2 only   |                           | ÷                  | Obligations arising out of a separation agreement or  |                   |  |  |  |  |  |
|        |  | Debtor 1 and Debtor 2 only  |                           |                    | divorce that you did not report as priority claims  |                   |  |  |  |  |  |
|        |  | At least one of the debtors and   | d another                 |                    | Debts to pension or profit-sharing plans, and other similar debts   |                   |  |  |  |  |  |
|        |  | Check if this claim relates t   | o a community debt        | F.                 | Other. Specify <u>DL#: S363-6728-1814</u>   |                   |  |  |  |  |  |
|        | Is<br>•  | the claim subject to offset? No   |                           | _                  | _   |                   |  |  |  |  |  |
|        | F  | Yes   |                           |                    |   |                   |  |  |  |  |  |

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Southward Debtor 1 Patsy Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 ComEd \$500.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3 Lincoln Center As of the date you file, the claim is: Check all that apply. Bankruptcy Section Contingent Unliquidated 60181 Oakbrook Terrace Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_ light bill Is the claim subject to offset? **✓** No Yes \$2,500.00 Cook County Hospital Last 4 digits of account number \_ Nonpriority Creditor's Name P.O. Box 70121 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60673 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Medical bill Is the claim subject to offset? **✓** No Yes DEPTEDNELNET 4.6 \$9,033.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 6/2010 PO Box 740283 Number Street As of the date you file, the claim is: Check all that apply. Contingent 30374 Atlanta Georgia Unliquidated Zip Code City State Disputed Who incurred the debt? Check one. Debtor 1 only  $\overline{}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ Is the claim subject to offset? **✓** No

Yes

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Southward Debtor 1 Patsy Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** DEPTEDNELNET 4.7 \$4,352.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 740283 When was the debt incurred? 6/2010 As of the date you file, the claim is: Check all that apply. Contingent 30374 Atlanta Georgia Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Is the claim subject to offset? **✓** No Yes ENHANCED RECOVERY CO L \$506.00 Last 4 digits of account number 7929 Nonpriority Creditor's Name 8014 BAYBERRY RD When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated JACKSONVILLE 32256 Florida City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collecting for ORIGINAL **V** CREDITOR: PEOPLE GAS LIGHT Is the claim subject to offset? Other. Specify AND COKE COMP **✓** No Yes **GINNYS** 4.9 \$214.00 8314 Last 4 digits of account number Nonpriority Creditor's Name PO Box 800849 When was the debt incurred? 1/2016 Number As of the date you file, the claim is: Check all that apply. Contingent 75380 Dallas Texas Unliquidated Zip Code City State Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts CreditCard Other. Specify \_ Is the claim subject to offset?

✓ No ☐ Yes

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Southward Debtor 1 Patsy Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 LC SYSTEM INC \$469.00 4001 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 64378 When was the debt incurred? 4/2015 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 55164 SAINT PAUL Minnesota City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collecting for ORIGINAL Other. Specify CREDITOR: ATT U-VERSE Is the claim subject to offset? **✓** No Yes I C SYSTEM INC \$263.00 4.11 9335 Last 4 digits of account number \_ Nonpriority Creditor's Name When was the debt incurred? 7/2016 PO BOX 64378 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated SAINT PAUL Minnesota 55164 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collecting for ORIGINAL CREDITOR: ATT DIRECTV Is the claim subject to offset? **✓** No Yes I C SYSTEM INC 4.12 \$119.00 Last 4 digits of account number 0001 Nonpriority Creditor's Name When was the debt incurred? 8/2014 PO BOX 64378 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated SAINT PAUL 55164 Minnesota City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for ORIGINAL CREDITOR: ATT Is the claim subject to offset? WIRELINE Other. Specify **✓** No

Yes

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| Debtor  |   | Southward              | Case number (if kn   | own)                        |          |  |  |  |
|---------|---|------------------------|--|-----------------------------|----------|--|--|--|
|         | First Name Middle Name                        | Last Name              |  |                             |          |  |  |  |
| Part 2: | Your NONPRIORITY Unsecured Cla                | ims - Continuation F   | Page   |                             |          |  |  |  |
|         | After listing any entries on this page, numb  | er them beginning witl | n 4.5, followed by 4.6, and so forth                         | Total claim                 |          |  |  |  |
| 4.13    | JEFFERSON CAPITAL SYST                        |                        | Last 4 digits of account number                              | \$282.00                    |          |  |  |  |
|         | Nonpriority Creditor's Name                   | _                      | When was the debt incurred?                                  | 7003<br>11/2016             |          |  |  |  |
|         | 16 MCLELAND RD<br>Number Street               |                        | when was the debt incurred?                                  | 11/2010                     |          |  |  |  |
|         |   |                        | As of the date you file, the claim                           |                             |          |  |  |  |
|         | SAINT CLOUD Minnesota                         | 56303                  | Contingent   |                             |          |  |  |  |
|         | City State                                    | Zip Code               | Unliquidated   |                             |          |  |  |  |
|         | Who incurred the debt? Check one.             |                        | Disputed   |                             |          |  |  |  |
|         | Debtor 1 only                                 |                        | Type of NONPRIORITY unsecured                                | claim:                      |          |  |  |  |
|         | Debtor 2 only                                 |                        | Student loans  |                             |          |  |  |  |
|         | Debtor 1 and Debtor 2 only                    |                        | Obligations arising out of a sepa                            | aration agreement or        |          |  |  |  |
|         | At least one of the debtors and another       |                        | divorce that you did not report a                            | •                           |          |  |  |  |
|         | Check if this claim relates to a commu        | nity debt              | Debts to pension or profit-sharidebts                        | ng plans, and other similar |          |  |  |  |
|         | Is the claim subject to offset?               | •                      |  | vnLoanType                  |          |  |  |  |
|         | ✓ No  |                        |  |                             |          |  |  |  |
|         | Yes   |                        |  |                             |          |  |  |  |
| 4 4 4   | MONROE AND MAIN                               |                        |  |                             | £446.00  |  |  |  |
|         | Nonpriority Creditor's Name                   |                        | Last 4 digits of account number _                            | 8314                        | \$446.00 |  |  |  |
|         | 1112 7TH AVE                                  |                        | When was the debt incurred?                                  | 3/2016                      |          |  |  |  |
|         | Number Street                                 |                        | As of the date you file, the claim is: Check all that apply. |                             |          |  |  |  |
|         |   |                        | Contingent   |                             |          |  |  |  |
|         | MONROE Wisconsin  City State                  | 53566<br>Zip Code      | Unliquidated   |                             |          |  |  |  |
|         | Who incurred the debt? Check one.             | Zip oodc               | Disputed   |                             |          |  |  |  |
|         | Debtor 1 only                                 |                        | Type of NONPRIORITY unsecured                                | claim:                      |          |  |  |  |
|         | Debtor 2 only                                 |                        | Student loans  |                             |          |  |  |  |
|         | Debtor 1 and Debtor 2 only                    |                        | Obligations arising out of a sepa                            | aration agreement or        |          |  |  |  |
|         | At least one of the debtors and another       |                        | divorce that you did not report a                            |                             |          |  |  |  |
|         | ☐ Check if this claim relates to a commu      | nity deht              | Debts to pension or profit-sharing                           | ng plans, and other similar |          |  |  |  |
|         | Is the claim subject to offset?               | mity dobt              | debts  Other. Specify  Credi                                 | tCard                       |          |  |  |  |
|         | No  |                        | <u> </u>   |                             |          |  |  |  |
|         | Yes   |                        |  |                             |          |  |  |  |
| 1       |   |                        |  |                             |          |  |  |  |
|         | MONTGOMERY WARD  Nonpriority Creditor's Name  |                        | Last 4 digits of account number _                            | 8314                        | \$242.00 |  |  |  |
|         | 1112 7TH AVE                                  |                        | When was the debt incurred?                                  | 2/2016                      |          |  |  |  |
|         | Number Street                                 |                        | As of the date you file, the claim is: Check all that apply. |                             |          |  |  |  |
|         |   |                        | Contingent   |                             |          |  |  |  |
|         | MONROE Wisconsin                              | 53566<br>Zip Code      | Unliquidated   |                             |          |  |  |  |
|         | City State  Who incurred the debt? Check one. | Zip Code               | Disputed   |                             |          |  |  |  |
|         | Debtor 1 only                                 |                        | Type of NONPRIORITY unsecured                                | claim:                      |          |  |  |  |
|         | Debtor 2 only                                 |                        | Student loans  |                             |          |  |  |  |
|         | Debtor 1 and Debtor 2 only                    |                        | Obligations arising out of a sepa                            | aration agroomant or        |          |  |  |  |
|         | At least one of the debtors and another       |                        | divorce that you did not report a                            | o o                         |          |  |  |  |
|         | 브   |                        | Debts to pension or profit-sharing                           | ng plans, and other similar |          |  |  |  |
|         | Check if this claim relates to a commu        | піту аерт              | debts  Other Specify Credi                                   | tCard                       |          |  |  |  |
|         | Is the claim subject to offset?               |                        | Other. Specify CreditCard                                    |                             |          |  |  |  |
|         | No No   |                        |  |                             |          |  |  |  |
|         | Yes   |                        |  |                             |          |  |  |  |

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Southward Debtor 1 Patsy Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 O'Hara Properties, LLC / JulieAnne Designs \$5,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 205 E Butterfield Rd #283 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60126 Elmhurst Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ 2011-M1-712941 Is the claim subject to offset? **✓** No Yes PLS Loan Store \$700.00 4.17 Last 4 digits of account number \_ Nonpriority Creditor's Name 1617 N Cicero Ave b, When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60639 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Payday loan Other. Specify \_\_\_ Is the claim subject to offset? **✓** No Yes WEBBANK/FINGERHUT 4.18 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 10/2015 6250 RIDGEWOOD RD Number Street As of the date you file, the claim is: Check all that apply. Contingent SAINT CLOUD 56303 Minnesota Unliquidated Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ CreditCard Is the claim subject to offset? **✓** No Yes

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Debtor 1 Patsy L Southward Case number (if known)
First Name Middle Name Last Name

| collection agency h  | s trying to collect<br>nere. Similarly, if yo | from you for a deb<br>ou have more than | t you owe to someo<br>one creditor for an                              | ne else, list the or<br>y of the debts that                            | u already listed in Parts 1 or 2. For example, if a riginal creditor in Parts 1 or 2, then list the tyou listed in Parts 1 or 2, list the additional 2, do not fill out or submit this page. |  |  |  |
|--|---|---|--|--|--|--|--|--|
| Peoples Gas  |   |   |  |  |  |  |  |  |
| Name   |   |   | On which entr  | y in Part 1 or Part  | 2 did you list the original creditor?  |  |  |  |
| PO BOX 2968  |   |   | Line 4.8   | of (Check  | Part 1: Creditors with Priority Unsecured Claim  |  |  |  |
| Number Street  |   |   | <u>—</u> .   | one):  | Part 2: Creditors with Nonpriority Unsecured Claims  |  |  |  |
| Milwaukee  | Wisconsin                                     | 53201                                   | Last 4 digits o  | f account number   | 7929   |  |  |  |
| City   | State   | Zip Code                                |  |  |  |  |  |  |
| AT&t Uverse  |   |   |  |  |  |  |  |  |
| Name   |   |   | On which entr  | y in Part 1 or Part  | 2 did you list the original creditor?  |  |  |  |
| PO Box 64794   |   |   | Line 4.10  | of (Check  | Part 1: Creditors with Priority Unsecured Claim  |  |  |  |
| Number Street  |   |   | _  | one):  | Part 2: Creditors with Nonpriority Unsecured Claims  |  |  |  |
| Saint Paul   | Minnesota                                     | 55164                                   | Last 4 digits o  | f account number   | 4001   |  |  |  |
| City   | State   | Zip Code                                | Last 4 digits 0  | . account number   |  |  |  |  |
| AT&t   |   |   |  |  |  |  |  |  |
| Name   |   |   | On which entr  | On which entry in Part 1 or Part 2 did you list the original creditor? |  |  |  |  |
| Po Box 5014  |   |   | Line 4.11  | of (Check  | Part 1: Creditors with Priority Unsecured Claim  |  |  |  |
| Number Street  |   |   | _  | one):  | ✓ Part 2: Creditors with Nonpriority Unsecured   |  |  |  |
|  |   |   |  |  | Claims   |  |  |  |
| Carol Stream   | Illinois                                      | 60197                                   | Look 4 digito o  | f  |  |  |  |  |
| City   | State   | Zip Code                                | Last 4 digits 0  | f account number   | 9335   |  |  |  |
| direct tv  |   |   |  |  |  |  |  |  |
| Name   | -   |   | On which entry in Part 1 or Part 2 did you list the original creditor? |  |  |  |  |  |
| P.O.Box 9001069  |   |   | Line 4.11  | of (Check  | Part 1: Creditors with Priority Unsecured Claim  |  |  |  |
| Number Street  |   |   | _  | one):  |  |  |  |  |
|  |   |   | <u></u>  |  | ✓ Part 2: Creditors with Nonpriority Unsecured Claims  |  |  |  |
| Louisville   | Kentucky                                      | 40290                                   | Last / digits o  | f account number   | 9335   |  |  |  |
| City   | State   | Zip Code                                | Last + digits 0  | r account number   |  |  |  |  |
| AT&T (Cable/Cellular)  | )   |   |  |  |  |  |  |  |
| Name   |   |   | On which entr  | y in Part 1 or Part  | 2 did you list the original creditor?  |  |  |  |
| 208 S. Akard   |   |   | Line 4.12  | of (Check  | Part 1: Creditors with Priority Unsecured Claim  |  |  |  |
| Number Street  |   |   |  | one):  | Part 2: Creditors with Nonpriority Unsecured   |  |  |  |
|  |   |   |  |  | Claims   |  |  |  |
| Tornado  | West Virginia                                 | 25202                                   | Loot 4 digito o  | f account number   | 0001   |  |  |  |
| City   | State   | Zip Code                                | Last 4 digits 0  | f account number   |  |  |  |  |
| HARRIS & HARRIS L  | _TD   |   |  |  |  |  |  |  |
| Name   |   |   | On which entr  | y in Part 1 or Part  | 2 did you list the original creditor?  |  |  |  |
| 111 W JACKSON BI   | LVD S-400                                     |   | Line 4.3   | of (Check  | Part 1: Creditors with Priority Unsecured Claim  |  |  |  |
| Number Street  | *   |   | <u> </u>   | one):  | Part 2: Creditors with Nonpriority Unsecured   |  |  |  |
|  |   |   | <u> </u>   |  | Claims   |  |  |  |
| CHICAGO<br>City  | Illinois                                      | 60604<br>Zip Code                       | Last 4 digits o  | f account number   |  |  |  |  |
|  | State   | Zip Code                                |  |  |  |  |  |  |
|  | Jook County                                   |   | On which entr  | v in Part 1 or Part  | 2 did you list the original creditor?  |  |  |  |
| Stroger Hospital of C  |   |   |  | -  |  |  |  |  |
| Stroger Hospital of C<br>Name  |   |   |  |  |  |  |  |  |
| Stroger Hospital of C<br>Name<br>1900 W Polk Street                  |   |   | Line 4.5   | of (Check  | Part 1: Creditors with Priority Unsecured Claim  |  |  |  |
| Stroger Hospital of C<br>Name<br>1900 W Polk Street<br>Number Street |   |   | Line 4.5   | of (Check<br>one):   | ✓ Part 2: Creditors with Nonpriority Unsecured   |  |  |  |
| Stroger Hospital of C<br>Name<br>1900 W Polk Street                  | Illinois                                      | 60612                                   | Line 4.5   |  | Part 1: Creditors with Priority Unsecured Claim  Part 2: Creditors with Nonpriority Unsecured  Claims  |  |  |  |

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|            |  |                                  |                     | Southward   | Case number (if known)   |  |
|------------|--|----------------------------------|---------------------|---|--|--|
|            | First Name                                     | М                                | iddle Name          | Last Name   |  |  |
| art 3:     | List Others to Be                              | Notified Ab                      | out a Debt That \   | ou Already Listed   |  |  |
| coll       | lection agency is tryi<br>lection agency here. | ng to collect<br>Similarly, if y | from you for a debt | tt your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a t you owe to someone else, list the original creditor in Parts 1 or 2, then list the one creditor for any of the debts that you listed in Parts 1 or 2, list the additional be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  On which entry in Part 1 or Part 2 did you list the original creditor? |  |  |
| LA\<br>Nam | WENT PAUL D                                    |                                  |                     | On which entry in   | Part 1 or Part 2 did you list the original creditor?   |  |
| Nam<br>PO  |  |                                  |                     | On which entry in   | Part 1 or Part 2 did you list the original creditor?  of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |  |

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Debtor 1 Patsy Southward Case number (if known) Middle Name Last Name Add the Amounts for Each Type of Unsecured Claim Part 4: Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 Total claims 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$0.00 6e. Total. Add lines 6a through 6d. 6e.

|                          |   |     | Total claims |
|--------------------------|---|-----|--------------|
| Total claims from Part 2 | 6f. Student loans   | 6f. | \$13,385.00  |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00       |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$0.00       |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$17,713.40  |
|                          | 6j. Total. Add lines 6f through 6i.   | 6j. | \$31,098.40  |

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| Fill in this infor        | mation to identify your c | ase:        |                              |
|---------------------------|---------------------------|-------------|------------------------------|
| Debtor 1                  | Patsy                     | L           | Southward                    |
|                           | First Name                | Middle Name | Last Name                    |
| Debtor 2                  |                           |             |                              |
| (Spouse, if filing)       | First Name                | Middle Name | Last Name                    |
| United States E           | Bankruptcy Court for the: | Northern    | District of Illinois (State) |
| Case number<br>(If known) |                           |             | (crate)                      |

#### Official Form 106G

#### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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|                           |  | DC                              | cument rage                  | J4 01 11  |
|---------------------------|--|---------------------------------|------------------------------|---|
| Fill in this              | information to identify your   | case:                           |                              |   |
| Debtor 1                  | Patsy  | L                               | Southward                    |   |
| <b>D</b>                  | First Name   | Middle Name                     | Last Name                    |   |
| Debtor 2<br>(Spouse, if t | First Name   | Middle Name                     | Last Name                    | <del></del>   |
| United St                 | ates Bankruptcy Court for the  | : Northern                      | District of Illinois         |   |
| Case nur                  | nher   | ·                               | (State)                      |   |
| (If known)                |  |                                 |                              | <del></del>   |
|                           |  |                                 |                              | Check if this is an   |
| Off: ~                    | ial Farm 106U  |                                 |                              | amended filing  |
| Onic                      | ial Form 106H  |                                 |                              |   |
| Sche                      | dule H: Your Co  | debtors                         |                              | 12/15   |
| Codobtor                  | o are poople or entities who   | a ara alaa liabla far any da    | nto you may have. Po as      | complete and accurate as possible. If two married people are  |
| the entrie                |  |                                 |                              | pace is needed, copy the Additional Page, fill it out, and number<br>o of any Additional Pages, write your name and case number (if |
| Kilowij. z                | moner every question.  |                                 |                              |   |
|                           | ou have any codebtors? (If   | you are filing a joint case, do | not list either spouse as a  | codebtor.)  |
|                           | No<br>Yes  |                                 |                              |   |
| ш.                        |  |                                 |                              |   |
|                           | i <b>in the last 8 years, have yo</b><br>o, Louisiana, Nevada, New M |                                 |                              | (Community property states and territories include Arizona, California,   |
| <b>[</b> ]                | No. Go to line 3.  | ,                               | g,                           | ,   |
| 一片                        | Yes. Did your spouse, forn   | ner spouse, or legal equiva     | lent live with you at the ti | me?   |
|                           | <b>√</b> No  |                                 |                              |   |
|                           | Yes. In which commur   | nity state or territory did yo  | ı live?                      | Fill in the name and current address of that person.  |
|                           |  |                                 |                              |   |
|                           | Name of your spouse,   | , former spouse, or legal equ   | ivalent                      |   |
|                           | Number Street  |                                 |                              | <del></del>   |
|                           | City   | State                           | Zip Cod                      |   |
|                           | Oily   | State                           | ZIP Coo                      |   |
| 3. In Co                  | olumn 1, list all of your code                                       | ebtors. Do not include you      | r spouse as a codebtor i     | your spouse is filing with you. List the person shown in line 2   |

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line a again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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|  | 20   | oamone                    | . ago oo        | 01 1 1              |   |
|--|--|---------------------------|-----------------|---------------------|---|
| Fill in this information to ident                          | ify your case:   |                           |                 |                     |   |
| Debtor 1 Patsy   | L  | Southw                    | ard             |                     |   |
| First Name   | Middle Name  | Last Na                   | me              | Che                 | eck if this is:   |
| Debtor 2 (Spouse, if filing) First Name                    | Middle Name  | Last Na                   | me              | -   -               | An amended filing   |
|  |  |                           |                 |                     | A supplement showing post-petition chapter  |
| United States Bankruptcy Court the:                        | or Northern  | District of Illin<br>(St  | ate)            |                     | expenses as of the following date:  |
| Case number (If known)                                     |  |                           |                 | _                   | MM / DD / YYYY  |
| Official Form 106  |  |                           |                 |                     | , 55,   |
| Schedule I: Your   | -  |                           |                 |                     | 12/   |
| information about your spous                               | e. If you are separated an<br>led, attach a separate she<br>very question. | d your spous              | e is not filing | with you, do        | r spouse is living with you, include<br>not include information about your<br>ional pages, write your name and case |
| Fill in your employment                                    |  | Debtor 1                  |                 |                     | Debtor 2  |
| information.   | Employment status  | <b>✓</b> Employ           | red             |                     | Employed  |
| If you have more than one job, attach a separate page with |  | Not Em                    |                 |                     | ☐ Not Employed  |
| information about additional employers.                    | Occupation   | ш                         | . ,             |                     |   |
| Include part time, seasonal, or                            | Employer's name  | The Home                  | Depot USA Inc   |                     |   |
| self-employed work.  | Employer's address   |                           |                 |                     |   |
| Occupation may include studer or homemaker, if it applies. |  | 3500 N Kin<br>Number Stre |                 |                     | Number Street   |
|  |  | Chicago                   | Illinois        | 60618               |   |
|  |  | City                      | State           | Zip Code            | City State Zip Code   |
|  | How long employed there?   | 4 years 8 m               | onths           |                     |   |
| Part 2: Give Details Abou                                  | t Monthly Income   |                           |                 |                     |   |
|  |  | <b>n.</b> If you have r   | nothing to repo | ort for any line, v | write \$0 in the space. Include your non-filing   |
|  | ave more than one employer,  | , combine the ir          | nformation for  | all employers fo    | or that person on the lines below. If you need  |
| more space, attach a separate s                            | sheet to this form.  |                           | For I           | Debtor 1            | For Debtor 2 or non-filing spouse   |
|  | salary, and commissions (befor<br>thly, calculate what the monthly         |                           | 2.              | \$2,567.50          |   |
| 3. Estimate and list monthly of                            | overtime pay.  |                           | 3.              | + \$0.00            |   |
| 4. Calculate gross income. Ad                              | ld line 2 + line 3.  |                           | 4.              | \$2,567.50          |   |

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| Deb                  | tor 1Patsy  | •   |                   | Case number  | er <i>(if</i>                     |       |                         |
|----------------------|---|---|-------------------|--|-----------------------------------|-------|-------------------------|
|                      | First Name  | Middle Name Last  | t Name            | known) For Debtor 1  | For Debtor 2 or non-filing spouse |       |                         |
| Cc                   | ppy line 4 here   |   | <b>→</b> 4.       | \$2,567.50   | non ming opodoc                   |       |                         |
|                      | st all payroll deductions:  |   |                   | ,  |                                   |       |                         |
|                      | a. Tax, Medicare, and Social Sec  | urity deductions  | 5a.               | \$311.98   |                                   |       |                         |
|                      | b. Mandatory contributions for re   | •   | 5b.               | \$0.00   |                                   |       |                         |
|                      | •   | •   | 5c.               |  |                                   |       |                         |
|                      | c. Voluntary contributions for ret  | -   | -                 | \$51.35  |                                   |       |                         |
|                      | d. Required repayments of retire  | ment luna loans   | 5d                | \$0.00   |                                   |       |                         |
|                      | e. Insurance  |   | 5e                | \$42.86  |                                   |       |                         |
|                      | f. Domestic support obligations   |   | 5f                | \$0.00   |                                   |       |                         |
|                      | g. Union dues   |   | 5g                | \$0.00   |                                   |       |                         |
|                      | h. Other deductions. Specify:   |   | 5h. + _           | \$0.00   | +                                 |       |                         |
| 6. <b>Ac</b><br>+5h. | dd the payroll deductions. Add lin  | es 5a + 5b + 5c + 5d + 5e +5f +                               | 5g 6              | \$406.19   |                                   |       |                         |
| 7. <b>C</b> a        | alculate total monthly take-home  | e pay. Subtract line 6 from line 4.                           | 7                 | \$2,161.32   |                                   |       |                         |
| 8. <b>Li</b> s       | st all other income regularly rec   | eived:  |                   |  |                                   |       |                         |
| 88                   | <ul> <li>Net income from rental proper<br/>business, profession, or farm</li> </ul>   |   |                   |  |                                   |       |                         |
|                      | Attach a statement for each proper gross receipts, ordinary and nece the total monthly net income.  |   | 90                | \$0.00   |                                   |       |                         |
| ΩΙ                   | b. Interest and dividends   |   | 8a<br>8b.         | \$0.00   |                                   |       |                         |
|                      | c. Family support payments that   | you, a non-filing spouse, or a                                | ob                | Ψ0.00  |                                   |       |                         |
|                      | dependent regularly receive<br>Include alimony, spousal suppor  | t. child support. maintenance.                                |                   |  |                                   |       |                         |
| 0.                   | divorce settlement, and property  |   | 8c                | \$0.00   |                                   |       |                         |
|                      | d. Unemployment compensation  |   | 8d                | \$0.00   |                                   |       |                         |
|                      | e. Social Security  |   | 8e                | \$0.00   |                                   |       |                         |
| 81                   | f. Other government assistance to<br>Include cash assistance and the value cash assistance that you receive,<br>under the Supplemental Nutrition<br>housing subsidies<br>Specify: | value (if known) of any non-<br>such as food stamps (benefits | 8f.               | \$0.00   |                                   |       |                         |
| 8.                   | g. Pension or retirement income   |   | 8g.               | \$0.00   |                                   |       |                         |
|                      | h. Other monthly income. Specify  | - 2016 Tay Refund-\$3 100 00                                  | 8h. +             | *  | +                                 |       |                         |
|                      | dd all other income Add lines 8a +  |   |                   | \$258.33   | ·                                 |       |                         |
|                      | alculate monthly income. Add lin  |   | 10.               | \$2,419.65   | +                                 | =     | \$2,419.65              |
| A                    | dd the entries in line 10 for Debtor 1  | 1 and Debtor 2 or non-filing spou                             | ise               |  |                                   |       |                         |
| In<br>fri            | State all other regular contribution<br>aclude contributions from an unmare<br>iends or relatives.<br>o not include any amounts already   | ried partner, members of your ho                              | usehold, your d   | ependents, your room   |                                   |       |                         |
|                      | pecify:   |   |                   | - 11 july - 11 j |                                   | 11. + | \$0.00                  |
| _                    |   |   |                   |  |                                   |       |                         |
|                      | Add the amount in the last column<br>In the that amount on the Summary of   |   |                   |  |                                   | 12.   | \$2,419.65              |
|                      |   |   |                   |  |                                   |       | Combined monthly income |
| 13. <b>C</b>         | Oo you expect an increase or dec  | rease within the year after you                               | ı file this form? |  |                                   |       |                         |
| •                    | ✓ No.   |   |                   |  |                                   |       |                         |
|                      | Yes. Explain:   |   |                   |  |                                   |       |                         |
|                      |   |   |                   |  |                                   |       |                         |

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|                                    |  | Docu   | iment Page 37 of 7   | 7                 |   |
|------------------------------------|--|--|--|-------------------|---|
| Fill in this infor                 | mation to identify you                     | r case:  |  |                   |   |
| Debtor 1                           | Patsy<br>First Name                        | L<br>Middle Name   | Southward<br>Last Name   |                   |   |
| Debtor 2                           | i iist ivairie                             | widdle Name  | Lastivaine   | Check if this is: |   |
| (Spouse, if filing)                | First Name                                 | Middle Name  | Last Name  | An amended filir  |   |
|                                    | Bankruptcy Court for th                    | e: Northern  | District of Illinois (State)   |                   | howing post-petition chapter 13 the following date: |
| Case number<br>(If known)          |  |  | _  | MM / DD / YYYY    | <del>(</del>  |
| Official                           | Form 106J                                  |  |  |                   |   |
| Schedul                            | e J: Your Ex                               | penses   |  |                   | 12/15   |
| information. If                    | •  |  | re filing together, both are equal<br>form. On the top of any addition |                   |   |
| Part 1: Des                        | cribe Your Housel                          | nold   |  |                   |   |
| 1. Is this a joi                   | nt case?                                   |  |  |                   |   |
| ✓ No. Go                           | o to line 2                                |  |  |                   |   |
| Yes. D                             | oes Debtor 2 live in a                     | separate household?  |  |                   |   |
|                                    | ■ No                                       |  |  |                   |   |
|                                    | _  | t file Official Forms 106J-2, <i>Exper</i>                               | nses for Separate Household of Deb                                     | tor 2.            |   |
| 2. Do you hav                      | e dependents?                              | No   |  |                   |   |
| Do not list D<br>Debtor 2.         | Debtor 1 and                               | Yes. Fill out this information for each dependent                        | Dependent's relationship to<br>Debtor 1 or Debtor 2                    | Dependent's age   | Does dependent live with you?                       |
| expenses o                         | penses include<br>f people other           | No   |  |                   |   |
| than<br>yourself and<br>dependents | -  | Yes  |  |                   |   |
| Part 2: Esti                       | mate Your Ongoin                           | g Monthly Expenses   |  |                   |   |
| _                                  | of a date after the ba                     |  | ou are using this form as a supp<br>plemental Schedule J, check th     | •                 | •   |
|                                    |  | n-cash government assistance<br>d it on Sc <i>hedule I: Your Incom</i> e |  |                   | Your expenses                                       |
|                                    | or home ownership or the ground or lot. 4. |  | nclude first mortgage payments and                                     |                   | <b>\$550.00</b>                                     |
| If not incl                        | uded in line 4:                            |  |  |                   |   |

\$0.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Patsy L Southward Case number (if known)
First Name Middle Name Last Name

| FIIST Name Middle Name Last Name   |     |               |
|--|-----|---------------|
|  |     | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans                            | 5.  | \$0.00        |
| 6. Utilities:  |     |               |
| 6a. Electricity, heat, natural gas   | 6a. | \$205.00      |
| 6b. Water, sewer, garbage collection   | 6b. | \$0.00        |
| 6c. Telephone, cell phone, Internet, satellite, and cable services                                       | 6c. | \$225.00      |
| 6d. Other. Specify:  | 6d  | \$0.00        |
| 7. Food and housekeeping supplies  | 7.  | \$329.00      |
| 8. Childcare and children's education costs  | 8.  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning   | 9.  | \$75.00       |
| 10. Personal care products and services  | 10. | \$75.00       |
| 11. Medical and dental expenses  | 11. | \$50.00       |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments     | 12. | \$315.00      |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books                                   | 13. | \$0.00        |
| 14. Charitable contributions and religious donations   | 14. | \$0.00        |
| 15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.      |     |               |
| 15a. Life insurance  | 15a | \$0.00        |
| 15b. Health insurance  | 15b | \$0.00        |
| 15c. Vehicle insurance   | 15c | \$0.00        |
| 15d. Other insurance. Specify:   | 15d | \$0.00        |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                     |     |               |
| Specify:   | 10  | \$0.00        |
| 17. Installment or lease payments:   | 16  |               |
| 17a. Car payments for Vehicle 1  | 17a | \$0.00        |
| 17b. Car payments for Vehicle 2  | 17b | \$0.00        |
| 17c. Other. Specify:   | 17c | \$0.00        |
| 17d. Other. Specify:   | 17d | \$0.00        |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from          |     | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18. |               |
| 19. Other payments you make to support others who do not live with you.                                  |     |               |
| Specify:   | 19. | \$0.00        |
| 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |     |               |
| 20a. Mortgages on other property   | 20a | \$0.00        |
| 20b. Real estate taxes.  | 20b | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance  | 20c | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses.   | 20d | \$0.00        |
| 20e. Homeowner's association or condominium dues   | 20e | \$0.00        |

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| Debtor 1 Pa         |                     | L  | Southward                         | Case number (if known) |            |            |
|---------------------|---------------------|--|-----------------------------------|------------------------|------------|------------|
| Fir                 | rst Name            | Middle Name  | Last Name                         |                        |            |            |
| 21. <b>Other.</b> S | Specify:            | Voluntary Child Support, Aarons Furn   | iture                             |                        | 21         | \$420.00   |
|                     |                     |  |                                   |                        |            |            |
|                     | -                   | monthly expenses.  |                                   |                        |            | \$2,244.00 |
|                     |                     | through 21.  |                                   |                        | \$0.00     |            |
|                     | . ,                 | 22 (monthly expenses for Debtor 2), if a   |                                   |                        | \$2,244.00 |            |
| 22c. Add            | d line 22           | a and 22b. The result is your monthly  | expenses.                         |                        | 22.        |            |
| 23. Calculat        | te your             | monthly net income.  |                                   |                        |            |            |
| 23a. Cop            | py line 1           | 2 (your combined monthly income) from  | om Schedule I.                    | :                      | 23a        | \$2,419.65 |
| 23b. Cop            | py your             | monthly expenses from line 22 above.   |                                   | 2                      | 23b        | \$2,244.00 |
|                     |                     | our monthly expenses from your month   | nly income.                       |                        |            | \$175.65   |
| The                 | e result            | is your monthly net income.  |                                   | :                      | 23c        |            |
| For exa             | ımple, d<br>ge payn | an increase or decrease in your expose or you expect to finish paying for your of the first to increase or decrease because of explain here: | car loan within the year or do yo | ou expect your         |            |            |

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| Fill in this infor                      | mation to identify your ca | ase:        |                              |
|---|----------------------------|-------------|------------------------------|
| Debtor 1                                | Patsy                      | L           | Southward                    |
|   | First Name                 | Middle Name | Last Name                    |
| Debtor 2                                |                            |             |                              |
| (Spouse, if filing)                     | First Name                 | Middle Name | Last Name                    |
| United States Bankruptcy Court for the: |                            | Northern    | District of Illinois (State) |
| Case number                             |                            |             | (,                           |

## Official Form 106Dec

Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below   |   |  |  |  |  |  |  |  |
|-----|---|---|--|--|--|--|--|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |   |  |  |  |  |  |  |  |
|     | <b>✓</b> No   |   |  |  |  |  |  |  |  |
|     | Yes. Name of person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |
|     | Under penalty of perjury, I declare that I have read the summary that they are true and correct.  | and schedules filed with this declaration and   |  |  |  |  |  |  |  |
| ×   | /s/ Patsy Southward   | ×   |  |  |  |  |  |  |  |
|     | Signature of Debtor 1   | Signature of Debtor 2   |  |  |  |  |  |  |  |
|     | Date 9/21/2017  | Date  |  |  |  |  |  |  |  |
|     | MM/DD/YYYY  | MM/DD/YYYY  |  |  |  |  |  |  |  |

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| Fill in         | this info              | rmation to identify your c          | ase:                               |  |                     |               |                  |                                   |
|-----------------|------------------------|-------------------------------------|------------------------------------|--|---------------------|---------------|------------------|-----------------------------------|
| Debt            | or 1                   | Patsy<br>First Name                 | L<br>Middle N                      | Southwa<br>Name Last Nam   |                     |               |                  |                                   |
| Debt<br>(Spou   | or 2<br>se, if filing) | First Name                          | Middle N                           | Jame Last Nam  | ne                  |               |                  |                                   |
| Unite           | ed States I            | Bankruptcy Court for the:           | Northern                           | District of Illino   |                     |               |                  |                                   |
| Case<br>(If kno | number<br>wn)          |                                     |                                    | (Sta   | te)                 |               |                  |                                   |
| Off             | icial                  | Form 107                            |                                    |  |                     | _             |                  | Check if this is a amended filing |
|                 |                        |                                     | l Affairs f                        | or Individuals   | Filina for          | Bankru        | ptcv             | 04/1                              |
| Be as           | s comple<br>mation.    | ete and accurate as po              | ssible. If two made, attach a sepa | arried people are filing<br>arate sheet to this form                             | together, both a    | are equally r | esponsible for s |                                   |
| Part            | 1: Give                | e Details About Your                | Marital Status                     | and Where You Lived  | Before              |               |                  |                                   |
| 1.              | What is                | your current marital sta            | itus?                              |  |                     |               |                  |                                   |
|                 |                        | rried<br>t married                  |                                    |  |                     |               |                  |                                   |
| 2.              | During t               | the last 3 years, have yo           | u lived anywhere                   | other than where you li  | ve now?             |               |                  |                                   |
|                 | ✓ No<br>Yes            | s. List all of the places yo        | u lived in the last                | 3 years. Do not include  | where you live no   | w.            |                  |                                   |
|                 | Del                    | btor 1:                             |                                    | Dates Debtor 1 lived there   | Debtor 2:           |               |                  | Dates Debtor 2 lived there        |
|                 |                        |                                     |                                    |  | Same as D           | Debtor 1      |                  | Same as Debtor 1                  |
|                 | Nu                     | mber Street                         |                                    | From   | Number Street       |               |                  | From                              |
|                 | City                   | y State                             | Zip Code                           |  | City                | State         | Zip Code         |                                   |
|                 |                        |                                     |                                    |  | Same as D           | Debtor 1      |                  | Same as Debtor 1                  |
|                 | Nu                     | mber Street                         |                                    | From<br>To   | Number Street       |               |                  | From                              |
|                 | City                   | / State                             | Zip Code                           |  | City                | State         | Zip Code         |                                   |
|                 | and territo No         | <i>ries</i> include Arizona, Califo | mia, Idaho, Louis                  | ouse or legal equivalent<br>iana, Nevada, New Mexico<br>Codebtors (Official Form | , Puerto Rico, Texa |               |                  | mmunity property states           |

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| Deb  | tor 1  | Patsy L   |   |   | ase number <i>(if known</i> )                          |  |
|------|--|---|---|---|--|--|
|      |  |   | e Name Last N   | Name  |  |  |
| Part | 2:   | Explain the Sources of Your Inc   | come  |   |  |  |
| 4.   | Fill i   | you have any income from employm<br>n the total amount of income you receiv<br>vities. If you are filing a joint case and you<br>No<br>Yes. Fill in the details.  | ved from all jobs and all bu  | ısinesses, including part-ti  | me   | irs?   |
|      |  |   | Debtor 1  |   | Debtor 2   |  |
|      |  |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions ar<br>exclusions)                                  | Sources of income Check all that apply.                | Gross income<br>(before deductions and<br>exclusions)            |
|      |  | om January 1 of current year until<br>e date you filed for bankruptcy:  | Wages, commissions, bonuses, tips Operating a business                                  | \$20194.90  | Wages, commissions, bonuses, tips Operating a business |  |
|      |  | or last calendar year: anuary 1 to December 31, 2016 ) YYYY   | ✓ Wages, commissions, bonuses, tips Operating a business                                | \$31009.17  | Wages, commissions, bonuses, tips Operating a business |  |
|      | For the calendar year before that: (January 1 to December 31, 2015)  YYYYY |   | ✓ Wages,<br>commissions,<br>bonuses, tips<br>☐ Operating a<br>business                  | \$30000.00  | Wages, commissions, bonuses, tips Operating a business |  |
|      | Inclu<br>publ<br>filing<br>List  | you receive any other income during ide income regardless of whether that in ic benefit payments; pensions; rental in a joint case and you have income that each source and the gross income from No  Yes. Fill in the details. | ncome is taxable. Examples<br>come; interest; dividends;<br>you received together, list | s of other income are alimo<br>money collected from laws<br>it only once under Debtor | suits; royalties; and gambling and lot<br>1.           |  |
|      |  |   | Debtor 1  |   | Debtor 2   |  |
|      |  |   | Sources of income<br>Describe below.  | Gross income from each source (before deductions and exclusions)                      | n Sources of income Describe below.                    | Gross income from each source (before deductions and exclusions) |
|      |  | rom January 1 of current year until<br>he date you filed for bankruptcy:  |   |   |  |  |
|      |  | or last calendar year: January 1 to December 31, 2016 ) YYYYY   |   |   |  |  |
|      |  | or the calendar year before that: January 1 to December 31, 2015 )  YYYYY   |   |   |  |  |
|      |  |   |   |   |  |  |

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Debtor 1 Patsy Southward Case number (if known) Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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| btor 1 P                              | Patsy   |   | L  | Sout                                  | thward                                      | Case number (                               | (if known)   |
|---------------------------------------|---|---|--|---------------------------------------|---|---|--|
| F                                     | irst Name   |   | Middle Name  | Last                                  | Name  |   |  |
| Insider<br>corpor<br>agent,<br>such a | rs include your<br>rations of which<br>including one<br>as child suppor | relatives; an<br>n you are an<br>for a busine | y general partners;<br>officer, director, p<br>ss you operate as | relatives of any gerson in control, c | eneral partners; part<br>or owner of 20% or | nerships of which y<br>more of their voting | who was an insider? ou are a general partner; securities; and any managing domestic support obligations, |
| <u> </u>                              | es. List all pay  | monte to a                                    | n ineidor  |                                       |   |   |  |
| ш.                                    | co. List all pay  | mento to ai                                   | THISICOL.  | Dates of payment                      | Total amount paid                           | Amount you still owe                        | Reason for this payment  |
| Īn                                    | sider's Name  |   |  |                                       |   |   |  |
| Nı                                    | umber Street  |   |  |                                       |   |   |  |
| Ci                                    | ity   | State   | Zip Code   |                                       |   |   |  |
| Īn                                    | sider's Name  |   |  |                                       |   |   |  |
| Νι                                    | umber Street  |   |  |                                       |   |   |  |
| Ci                                    | ity   | State   | Zip Code   |                                       |   |   |  |
| inside<br>Include                     | er?<br>e payments on  | debts guara                                   | or bankruptcy, di<br>anteed or cosigned<br>benefited an insid    | by an insider.                        | payments or trans  Total amount             | fer any property of                         | n account of a debt that benefited an  Reason for this payment   |
|                                       |   |   |  | payment                               | paid  | still owe                                   | Include creditor's name  |
| Īn                                    | sider's Name  |   |  |                                       |   |   |  |
| Νι                                    | umber Street  |   |  |                                       |   |   |  |
| Ci                                    | ity   | State   | Zip Code   |                                       |   |   |  |
| In                                    | sider's Name  |   |  |                                       |   |   |  |
| Nı                                    | umber Street  |   |  |                                       |   |   |  |
| 140                                   |   |   |  |                                       |   |   |  |

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Debtor 1 Patsy Southward Case number (if known) Middle Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Civil Pending Cook County Circuit Court Ohara Properties vs Patsy Southward Court Name On appeal 50 West Washington Street NumberStreet Concluded Case number 60602 Chicago Illinois 2011-M1-712941 City State Zip Code Civil Case title ✓ Pending Cook County Circuit Court Car Town Inc vs Patsy Southward Court Name On appeal 50 West Washington Street Case number NumberStreet Concluded 2009-M1-191177 Chicago Illinois 60602 City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | tor 1 Patsy                  | L   | Southward                    | Case number (if known)                       |                        |
|------|------------------------------|---|------------------------------|--|------------------------|
|      | First Name                   | Middle Name   | Last Name                    |  |                        |
| 11.  |                              | e you filed for bankruptcy, did<br>o make a payment because yo    |                              | ank or financial institution, set off any am | nounts from your       |
|      | ✓ No ✓ Yes. Fill in the de   | etails.   |                              |  |                        |
|      |                              |   | Describe the action the      | e creditor took Date action was taken        | Amount                 |
|      | Creditor's Name              |   |                              |  | _                      |
|      | Number Street                |   |                              |  |                        |
|      |                              |   | Last 4 digits of account r   | number: XXXX-                                |                        |
|      | City                         | State Zip Code  |                              |  |                        |
| 12.  |                              | you filed for bankruptcy, was a<br>custodian, or another official |                              | possession of an assignee for the benefit    | of creditors, a court- |
|      | ✓ No ☐ Yes                   |   |                              |  |                        |
| Part | 5: List Certain Gif          | ts and Contributions  |                              |  |                        |
| 13.  | Within 2 years befor         | e you filed for bankruptcy, did                                   | you give any gifts with a to | otal value of more than \$600 per person?    |                        |
|      | ✓ No ✓ Yes. Fill in the do   | etails for each gift.   |                              |  |                        |
|      | Gifts with a tota per person | I value of more than \$600  | Describe the gifts           | Dates you gave the gifts                     | Value                  |
|      |                              |   |                              |  |                        |
|      | Person to Whom               | You Gave the Gift   |                              |  |                        |
|      | Number Street                |   |                              |  |                        |
|      | City Person's relations      | State Zip Code  |                              |  |                        |
|      |                              |   |                              |  |                        |
|      | Person to Whom               | You Gave the Gift   |                              |  |                        |
|      | Number Street                |   |                              |  |                        |
|      | City                         | State Zip Code  |                              |  |                        |
|      | Person's relations           | hip to you  |                              |  |                        |

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| Debtor 1 |  | L                     | Southward  | Case number (if know      | vn)                                     |                        |
|----------|--|-----------------------|--|---------------------------|---|------------------------|
|          | First Name   | Middle Name           | Last Name  |                           |   |                        |
| 14. Wi   | thin 2 years before you filed                      | for bankruptey did    | I you give any gifts or contrib                      | utions with a total value | of more than \$600                      | to any charity?        |
| _        |  | ioi bankiuptoy, uic   | i you give any gints or continu                      | ations with a total value | or more than 4000                       | to any onanty.         |
| ✓        | No   |                       |  |                           |   |                        |
|          | Yes. Fill in the details for ea                    | ach gift or contribut | ion.   |                           |   |                        |
|          | Gifts or contributions to c                        | harities              | Describe what you cont                               | ributed                   | Date you                                | Value                  |
|          | that total more than \$600                         |                       |  |                           | contributed                             |                        |
|          |  |                       | _  |                           |   |                        |
|          | Charity's Name                                     |                       |  |                           |   |                        |
|          |  |                       | -  |                           |   |                        |
|          | Number Street                                      |                       | -  |                           |   |                        |
|          |  |                       | _  |                           |   |                        |
|          | City State   | Zip Code              |  |                           |   |                        |
| Part 6:  | List Certain Losses                                |                       |  |                           |   |                        |
|          |  |                       |  |                           |   |                        |
| gaı      | mbling?<br>  No                                    | or bankruptcy or si   | nce you filed for bankruptcy,                        | ald you lose anything bed | cause of theπ, fire,                    | other disaster, or     |
| <b>✓</b> | Yes. Fill in the details.                          |                       |  |                           |   |                        |
|          |  | I I I                 | D  |                           | D. L.                                   | W.L.                   |
|          | Describe the property you<br>how the loss occurred | lost and              | Describe any insurance<br>Include the amount that in |                           | Date of your loss                       | Value of property lost |
|          |  |                       | pending insurance claims                             | on line 33 of Schedule    |   |                        |
|          |  |                       | A/B: Property.                                       |                           |   |                        |
|          |  |                       |  |                           |   |                        |
| Part 7:  | List Certain Payments of                           | r Transfers           |  |                           |   |                        |
|          | No Yes. Fill in the details.                       | polition proparate, c | or credit counseling agencies fo                     |                           | aaptoj.                                 |                        |
| ✓        | res. I ili ili ule detalis.                        |                       |  |                           |   |                        |
|          |  |                       | Description and value of<br>transferred              | rany property             | Date payment<br>or transfer<br>was made | Amount of payment      |
|          | Semrad Law Firm                                    |                       | Attorney's Fee - 200.00                              |                           | 9/20/2017                               | \$200.00               |
|          | Person Who Was Paid                                |                       |  |                           |   |                        |
|          | 20 S. Clark Street  Number Street                  |                       | -  |                           |   |                        |
|          |  |                       |  |                           |   |                        |
|          | 28th Floor   |                       | -  |                           |   |                        |
|          | Chicago Illinois                                   | 60603<br>Zip Code     | -  |                           |   |                        |
|          | City State   | zip Code              |  |                           |   |                        |
|          | Email or website address                           |                       | -  |                           |   |                        |
|          | Person Who Made the Paym                           | ent if Not You        | <u>-</u>   |                           |   |                        |
|          | i Gisoni vvilo iviaue tile Fayili                  | ont, ii Not Iou       |  |                           | ]                                       |                        |
|          | Person Who Was Paid                                |                       | -  |                           |   |                        |
|          | Number Street                                      |                       | -  |                           |   |                        |
|          | Number Street                                      |                       |  |                           |   |                        |
|          |  |                       | -  |                           |   |                        |
|          | City State   | Zip Code              | -  |                           |   |                        |
|          |  | •                     | _  |                           |   |                        |
|          | Email or website address                           |                       |  |                           |   |                        |
|          | Person Who Made the Paym                           | ent, if Not You       | -  |                           |   |                        |

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| Deb |      | Patsy   | L                       | Southward                                   | Case numbe       | r (if known)   |                                  |
|-----|------|---|-------------------------|---|------------------|--|----------------------------------|
|     |      | First Name  | Middle Name             | Last Name                                   |                  |  |                                  |
| 17. | help | hin 1 year before you filed<br>o you deal with your credi<br>not include any payment or<br>No                     | tors or to make payme   |   | behalf pay or    | transfer any property to a                                     | nyone who promised to            |
|     | Ħ    | Yes. Fill in the details.   |                         |   |                  |  |                                  |
|     |      |   |                         | Description and value of any transferred    | property         | Date payment or transfer was made                              | Amount of payment                |
|     |      | Person Who Was Paid   |                         |   |                  |  |                                  |
|     |      | Number Street   |                         |   |                  |  |                                  |
|     |      | City State  | Zip Code                |   |                  |  |                                  |
|     | Incl | ordinary course of your bude both outright transfers transfers that you have alread No  Yes. Fill in the details. | and transfers made as s | ecurity (such as the granting of a sonent.  |                  |  |                                  |
|     |      |   |                         | Description and value of pro<br>transferred | payr             | cribe any property or<br>nents received or debts pa<br>xchange | Date<br>aid transfer was<br>made |
|     |      | Person Who Received Trans   | nsfer                   |   |                  |  |                                  |
|     |      | Number Street   |                         |   |                  |  |                                  |
|     |      | City State<br>Person's relationship to yo   | Zip Code<br>ou          |   |                  |  |                                  |
|     |      | Person Who Received Train   | nsfer                   |   |                  |  |                                  |
|     |      | Number Street   |                         |   |                  |  |                                  |
|     |      | City State Person's relationship to yo  | Zip Code<br>ou          |   |                  |  |                                  |
| 19. | ben  | hin 10 years before you fil<br>reficiary?<br>ese are often called asset-pr<br>No<br>Yes. Fill in the details.     |                         | d you transfer any property to a s          | elf-settled trus | st or similar device of whic                                   | ch you are a                     |
|     | _    |   |                         | Description and value of the                | e property tran  | nsferred   | Date<br>transfer was<br>made     |
|     |      | Name of trust   |                         |   |                  |  |                                  |

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Debtor 1 Patsy Southward \_ Case number (if known) Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Number Street City State Zip Code City State Zip Code

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Southward Debtor 1 Patsy \_\_ Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Debto  |          |   |                | L                |              | Southward       | Cas                                      | e number <i>(ii</i> | fknown)       |                  |                                  |
|--------|----------|---|----------------|------------------|--------------|-----------------|--|---------------------|---------------|------------------|----------------------------------|
|        |          | First Name                              |                | Middle Name      | L            | ast Name        |  |                     |               |                  |                                  |
| 26. H  | Hav      | e you been a part                       | y in any judio | cial or administ | trative proc | eeding under    | any environmer                           | ıtal law? In        | clude settler | nents and ord    | ers.                             |
| l<br>I | <b>≼</b> | No<br>Yes. Fill in the de               | tails.         |                  |              |                 |  |                     |               |                  |                                  |
| _      |          |   |                |                  | Court or a   | gency           |  | Nature o            | of the case   |                  | Status of the case               |
|        |          | Case title                              |                |                  |              |                 |  |                     |               |                  | Pending                          |
|        |          |   |                |                  | Court Nam    |                 |  |                     |               |                  | On appeal                        |
|        |          | Case number                             |                |                  | NumberStr    |                 |  |                     |               |                  | Concluded                        |
|        |          | O: D-4-! - A                            | <b></b>        |                  | City         | State           | Zip Code                                 |                     |               |                  |                                  |
| Part 1 |          | Give Details Al                         |                |                  |              | -               |  |                     |               |                  |                                  |
| 27. \  | With     | nin 4 years before                      |                |                  | -            |                 | _  | _                   |               | o any business   | s?                               |
|        |          |   |                |                  |              |                 | r activity, either f<br>artnership (LLP) | ull-time or p       | oart-time     |                  |                                  |
|        |          | A partner in                            |                |                  | , -          | ,,,             | ,  |                     |               |                  |                                  |
|        |          |   |                | anaging executi  |              |                 | noration                                 |                     |               |                  |                                  |
|        |          | _                                       |                | of the voting or |              | rilles of a cor | poration                                 |                     |               |                  |                                  |
| l<br>I | 4        | No. None of the a<br>Yes. Check all the |                |                  |              | ow for each b   | ousiness.                                |                     |               |                  |                                  |
| ·      |          |   |                |                  | Desc         | cribe the nati  | ure of the busine                        | ss                  |               |                  | number Do not<br>number or ITIN. |
|        |          | Business Name                           |                |                  | _            |                 |  |                     | EIN:          |                  |                                  |
|        |          | Number Street                           |                |                  |              |                 |  |                     | Dates busi    | ness existed     |                                  |
|        |          | City                                    | State          | Zip Code         | Nam          | e of account    | ant or bookkeep                          | er                  | From          | To               |                                  |
|        |          | ,                                       |                | ·                |              |                 |  |                     |               | 10               |                                  |
|        |          |   |                |                  | Desc         | cribe the nati  | ure of the busine                        | ss                  |               |                  | number Do not                    |
|        |          | Business Name                           |                |                  | _            |                 |  |                     | EIN:          | ciai Security II | umber of Trive.                  |
|        |          | Number Street                           |                |                  |              |                 |  |                     | Dates husi    | ness existed     |                                  |
|        |          |   |                |                  | Nam          | e of account    | ant or bookkeep                          | er                  | Dates busi    | ness existed     |                                  |
|        |          | City                                    | State          | Zip Code         |              |                 |  |                     | From          | To               |                                  |
|        |          |   |                |                  |              |                 |  |                     |               |                  |                                  |
|        |          |   |                |                  | Desc         | cribe the nati  | ure of the busine                        | SS                  |               |                  | number Do not<br>number or ITIN. |
|        |          | Business Name                           |                |                  |              |                 |  |                     | EIN:          |                  |                                  |
|        |          | Number Street                           |                |                  |              | e of account    | ant or hookkeen                          | er                  | Dates busi    | ness existed     |                                  |
|        |          | City                                    | State          | Zip Code         |              | e oi account    | ant or bookkeep                          | GI                  | From          | То               |                                  |
|        |          |   |                |                  |              |                 |  |                     |               |                  |                                  |
|        |          |   |                |                  |              |                 |  |                     |               |                  |                                  |

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| Deb  | tor 1 Patsy                           |                    | L                    | Southward                     | Case number (if known)  |
|------|---------------------------------------|--------------------|----------------------|-------------------------------|---|
|      | First Name                            |                    | Middle Name          | Last Name                     |   |
| 28.  | Within 2 years b<br>creditors, or oth |                    | or bankruptcy, did y | ou give a financial statem    | ent to anyone about your business? Include all financial institutions,  |
|      | ✓ No ✓ Yes. Fill in the               | ne details below.  |                      |                               |   |
|      |                                       |                    |                      | Date issued                   |   |
|      |                                       |                    |                      |                               |   |
|      | Name                                  |                    |                      | MM/DD/YYYY                    |   |
|      | Number S                              | treet              |                      | _                             |   |
|      | City                                  | State              | Zip Code             | _                             |   |
| Pari | t 12: Sign Below                      | w                  |                      |                               |   |
|      |                                       |                    | nes up to \$250,000, | ,                             | erty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      | 3                                     | Signature of Debte |                      |                               | Signature of Debtor 2   |
|      | [                                     | Date 9/21/2017     |                      |                               | Date  |
| ı    | Did you attach ad                     | ditional pages t   | Your Statement o     | f Financial Affairs for Indiv | duals Filing for Bankruptcy (Official Form 107)?  |
|      | ✓ No<br>Yes                           |                    |                      |                               |   |
| ı    | Did you pay or ag                     | ree to pay some    | one who is not an a  | ttorney to help you fill out  | bankruptcy forms?   |
|      | <b>✓</b> No                           |                    |                      |                               |   |
| i    | Yes. Name of                          | person             |                      |                               | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).                        |

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

|      |   | Northern Distri   | ict of Illinois                    |                              |  |  |  |  |
|------|---|---|------------------------------------|------------------------------|--|--|--|--|
| ı re | Patsy L Southward   |   | Case No.                           |                              |  |  |  |  |
|      | Debtor  |   |                                    | (If known)                   |  |  |  |  |
|      |   |   | Chapter                            | Chapter 13                   |  |  |  |  |
|      | DISCLOSURE OF   | COMPENSATIO   | N OF ATTORNEY F                    | OR DEBTOR                    |  |  |  |  |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and F compensation paid to me within one rendered or to be rendered on behalf  | o be paid to me, for services   |                                    |                              |  |  |  |  |
|      | For legal services, I have agreed to ac   | cept  |                                    | \$4,000.00                   |  |  |  |  |
|      | Prior to the filing of this statement I h   | nave received   |                                    | \$200.00                     |  |  |  |  |
|      | Balance Due   |   |                                    | \$3,800.00                   |  |  |  |  |
| 2.   | . The source of the compensation paid   | I to me was:  |                                    |                              |  |  |  |  |
|      | <b>Debtor</b>   | Other (specify)   |                                    |                              |  |  |  |  |
| 3.   | . The source of the compensation paid   | I to me is:   |                                    |                              |  |  |  |  |
|      | <b>✓</b> Debtor   | Other (specify)   |                                    |                              |  |  |  |  |
| 4.   |   | I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  |                                    |                              |  |  |  |  |
|      | I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. |   |                                    |                              |  |  |  |  |
| 5.   |   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; |                                    |                              |  |  |  |  |
|      | b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;   |   |                                    |                              |  |  |  |  |
|      | c. Representation of the debtor   | at the meeting of creditors a   | and confirmation hearing, and any  | adjourned hearings thereof;  |  |  |  |  |
|      | d. Representation of the debtor   | d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;  |                                    |                              |  |  |  |  |
| 6.   | . By agreement with the debtor(s), the  | above-disclosed fee does n  | ot include the following services: |                              |  |  |  |  |
|      |   |   |                                    |                              |  |  |  |  |
|      |   | CERTIFIC  | CATION                             |                              |  |  |  |  |
|      | certify that the foregoing is a complet or(s) in this bankruptcy proceedings.   | e statement of any agreeme  | ent or arrangement for payment to  | me for representation of the |  |  |  |  |
|      | 9/21/2017 /s/ Michael Miller  |   |                                    |                              |  |  |  |  |
|      | Date Signature of Attorney  |   |                                    |                              |  |  |  |  |
|      |   |   | Semrad Law Firm                    |                              |  |  |  |  |
|      |   |   | Name of law firm                   |                              |  |  |  |  |

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$200.00 toward the flat fee, leaving a balance due of \$3,800.00; and \$61.76 for expenses, leaving a balance due of \$4,171.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:     | 9/21/2017   |                        |  |
|-----------|-------------|------------------------|--|
| Signed:   |             |                        |  |
| /s/ Patsy | / Southward |                        |  |
|           |             | /s/ Michael Miller     |  |
| Debtor(s  | )           | Attorney for Debtor(s) |  |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| In re:          | Southward, Patsy L                         | Case No                                     |                                      |
|-----------------|--|---|--------------------------------------|
|                 | Debtor(s)                                  |   |                                      |
|                 |  | Chapter.                                    | Chapter13                            |
|                 | VERIFIC                                    | CATION OF CREDITOR MAT                      | ΓRIX                                 |
| TI<br>knowledge | he above named Debtors hereby verify<br>e. | y that the attached list of creditors is tr | rue and correct to the best of their |
| Date:           | 9/21/2017                                  | /s/ Southward, F                            | Patsy L                              |
|                 |  | Southward, Pats<br>Signature of Del         | •                                    |

DEPTEDNELNET PO Box 740283 Atlanta, GA, 30374

AMER FST FIN 3515 N. Ridge Rd, Suite 200 Wichita, KS, 67205

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE, FL, 32256

Peoples Gas PO BOX 2968 Milwaukee, WI, 53201

I C SYSTEM INC PO BOX 64378 SAINT PAUL, MN, 55164

AT&t Uverse PO Box 64794 Saint Paul, MN, 55164

MONROE AND MAIN 1112 7TH AVE MONROE, WI, 53566

JEFFERSON CAPITAL SYST 16 MCLELAND RD SAINT CLOUD, MN, 56303

AT&t PO Box 769 Attn: Melinda I. Alonzo Arlington, TX, 76004

direct tv P.O. Box 78616 Phoenix, AZ, 85062

MONTGOMERY WARD 1112 7TH AVE MONROE, WI, 53566 GINNYS PO Box 800849 Dallas, TX, 75380

AT&T (Cable/Cellular) 208 S. Akard Tornado, WV, 25202

WEBBANK/FINGERHUT 7075 Flying Cloud Dr Eden Prairie, MN, 55344

Aarons Furniture 1418 W Jefferson St Joliet, IL, 60435

ComEd 3 Lincokln Cetre c/o Sabrina Copelan Villa Park, IL, 60181

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

HARRIS & HARRIS LTD 222 Merchandise Mart Plaza, Suite 1900 Chicago, IL, 60654

Cook County Hospital P.O. Box 70121 Chicago, IL, 60673

Stroger Hospital of Cook County 1900 W Polk Street Chicago, IL, 60612

PLS Loan Store 346 Commons Dr # 348 Bolingbrook, IL, 60440

O'Hara Properties, LLC / JulieAnne Designs 205 E Butterfield Rd #283 Elmhurst, IL, 60126 SHAPIRO WAYNE S 111 WEST WASHINGTON Chicago, IL, 60602

Car Town Inc 850 N Western Ave Chicago, IL, 60622

LAWENT PAUL D PO BOX 5718 Elgin, IL, 60121 Case 17-28255 Doc 1 Filed 09/21/17 Entered 09/21/17 12:08:34 Desc Main Document Page 67 of 77

B2030 (Form 2030) (12/15)

## UNITED STATES BANKRUPTCY COURT

| ,                                 |  | Northern District o  | f Illinois                               |   |
|-----------------------------------|--|--|--|---|
| In re                             | Patsy L Southward  |  | Case No.                                 |   |
|                                   | Debtor   |  | OCOC 140.                                | (If known)  |
| •                                 | <b>.</b>   |  | Chapter                                  | Chanter 12  |
| L                                 | DISCLOSURE OF  | COMPENSATION   | DE ATTORNEY E                            |   |
| comp<br>rende                     | ensation paid to ma with:  | -ed. Bankr. P. 2016(b), I certify tha<br>year before the filing of the petition<br>of the debtor(s) in contemplation | it I am the attorney for the ob-         |   |
|                                   | to the filing of this statement I I  |  |  | \$4,000.0   |
| Balano                            |  | igae received  |  | \$200.0   |
|                                   |  |  |  | \$3,800.0   |
|                                   | Debtor   | to me was:   |  | •   |
|                                   | Procedure Co.  | Other (specify)  |  |   |
| 3. The so                         | urce of the compensation paid  | to me is:  |  |   |
|                                   | ✓ Debtor   | Other (specify)  |  |   |
| 4. <b>[]</b> I ha                 | ave not agreed to share the abo<br>Imbers and associates of my la                          | Вишиноровой:<br>5 * E  | any other person unless they a           | are   |
| I ha<br>me<br>the                 | ave agreed to share the above-ombers or associates of my law people sharing in the compens | lisclosed compensation with a oth<br>irm. A copy of the agreement, tog<br>sation, is attached.                       | ether with a list of the names of        | of  |
| 5. In return                      | n for the above-disclosed fee, I   | have agreed to render legal service  | e for all apposts at the t               |   |
| a. /                              | Analysis of the debtor's financi<br>bankruptcy;  | al situation, and rendering advice   | to the debtor in determining w           | otcy case, including:<br>hether to file a petition in |
| b. F                              | Preparation and filing of any pe   | tition, schedules, statements of at  | fairs and olon which were to             |   |
| c. F                              | Representation of the debtor at  | the meeting of creditors and conf  | irmation hands                           | equirea;  |
| d. F                              | Representation of the debtor in  | adversary proceedings and other  | and any adjo                             | ourned hearings thereof;                              |
| 6. By agree                       | ment with the debtor(s) the ab   | ove-disclosed fee does not includ  | contested bankruptcy matters             | ,   |
|                                   | in the de  | over disclosed fee does not includ   | e the following services:                |   |
|                                   |  | CERTIFICATION  |  |   |
| I certify tha<br>obtor(s) in this | t the foregoing is a complete so<br>s bankruptcy proceedings.                              | atement of any agreement or arrai  | ngement for payment to me fo             | r representation of the                               |
|                                   | /20/2017   |  |  |   |
|                                   | Date   |  | /s/ Michael Miller Signature of Attorney |   |
|                                   |  |  | a-maile or Attomey                       |   |
|                                   | ****   |  | Semrad Law Firm                          |   |
| ····                              |  |  | Name of law firm                         |   |



## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

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The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

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- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

## THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

## B. AFTER THE CASE IS FILED

## THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

## THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

## D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

## E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

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#### $\boldsymbol{F}$ . ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$200.00 toward the flat fee, leaving a balance due of \$3,800.00; and \$61.76 for expenses, leaving a balance due of \$4,171.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

|           | ,                        | Attorney for Debtor(s) |  |
|-----------|--------------------------|------------------------|--|
| Debtor(s  |                          | /s/ Michael Miller     |  |
| /s/ Patsy | y Southward Voltany L. F |                        |  |
| Signed:   |                          |                        |  |
| Date:     | 9/20/2017                |                        |  |

Do not sign if the fee amounts at top of this page are blank.

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| Debtor 1 Patsy<br>First Name   | L<br>Middle Name   | Southward  | Case number (if known)   |
|--|--|--|--|
| Pari of Answer These   | Questions for Reporting Purpo  | Last Name  |  |
| 16. What kind of debts o<br>you have?  | do  16a. Are your debts prima "incurred by an individence of the line 16b No. Go to line 16b Yes. Go to line 17. 16b. Are your debts primal  | rily consumer debts? Confuel primarily for a personal, . rily business debts? Busine or investment or through the  | sumer debts are defined in 11 U.S.C. § 101(8) as family, or household purpose."  ess debts are debts that you incurred to obtain a operation of the business or investment.  |
| The state of the s | 16c. State the type of debts   | you owe that are not consu   | mer debts or business debts.   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative  | ELLS CONTRACTOR UNDER COAD   | ter 7. Do you getting to the co  | er any exempt property is excluded and administrative ribute to unsecured creditors?   |
| expenses are paid the<br>funds will be available<br>for distribution to<br>unsecured creditors?  | 9  |  |  |
| 18. How many creditors<br>do you estimate that<br>you owe?   | ☑ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 9. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10<br>\$10,000,001-\$5<br>\$50,000,001-\$1<br>\$100,000,001-\$   | 0 million  |
| O. How much do you estimate your liabilities to be?  | ✓ \$0-\$50,000<br>☐ \$50,001-\$100,000<br>☐ \$100,001-\$500,000<br>☐ \$500,001-\$1 million   | \$1,000,001-\$10<br>\$10,000,001-\$5<br>\$50,000,001-\$1<br>\$100,000,001-\$   | million  |
| or you   | If I have chosen to file under Ch<br>of title 11, United States Code.<br>under Chapter 7.<br>If no attorney represents me and<br>out this document, I have obtain<br>I request relief in accordance with | napter 7, I am aware that I mand I understand the relief availand I did not pay or agree to paned and read the notice required to the chapter of title 11. The | f perjury that the information provided is true and ay proceed, if eligible, under Chapter 7, 11,12, or 13 able under each chapter, and I choose to proceed ay someone who is not an attorney to help me fill lired by 11 U.S.C. § 342(b). |
|  | I understand making a false state connection with a bankruptcy caboth. 18 U.S.C. §§ 152, 1341, 1  /s/ Patsy Southward Signature of Debtor 1  | ase can result in fines up to  | , or obtaining money or property by fraud in<br>\$250,000, or imprisonment for up to 20 years, or  |
|  | Executed on9/20/2017<br>MM / DD /  | <del></del>  | Signature of Debtor 2  Executed onMM / DD / YYYY   |

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|                         | Case 17-20255   |                           |  | 74 of 77   | Desc Main  |
|-------------------------|---|---------------------------|--|--|--|
| Fill in this            | information to identify your  | ease:                     |  |  |  |
| Debtor 1                | Patsy   | L                         | Southward                                  |  |  |
| Debtor 2                | First Name  | Middle Name               | Last Name                                  |  |  |
| (Spouse, if fill        | " I "SE IVATTO  | Middle Name               | Last Name                                  |  |  |
| 1                       | es Bankruptcy Court for the:  | Northern                  | District of Illinois                       |  |  |
| Case numb<br>(If known) | oer   |                           | (State)                                    |  |  |
| Officia                 | al Form 106De   |                           |  |  | Dalman   |
|                         |   | ··                        |  |  | Check if this is an<br>amended filing                      |
| Declar                  | ation About an  | Individual Debi           | tor's Schedule                             | S  | 12/15  |
| Part 1: Si              | operty by fraud in connecti<br>2, 1341, 1519, and 3571.<br>gn Below<br>pay or agree to pay some |                           |  | Making a false statement, concea<br>o \$250,000, or imprisonment for t | ling property, or obtaining<br>up to 20 years, or both. 18 |
| No.                     |   |                           | -y to nesp you mi out ban                  | Kruptcy forms?   |  |
| Yes.                    | Name of person  |                           | Attach Bankruptcy<br>Signature (Official F | Petition Preparer's Notice, Declaratio<br>orm 119).                    | n, and   |
|                         | enalty of perjury, I declare<br>y are true and correct.<br>y Southward                          | that I have read the sumn | nary and schedules filed                   | with this declaration and  |  |
|                         | of Debtor 1   | <u> </u>                  | X Signature                                |  |  |
| Date 9/2                | 0/2017  |                           | ognature                                   | of Debtor 2  |  |

Date

MM/DD/YYYY

MM/DD/YYYY

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| Debtor 1 Patsy  | 1  |   |  |
|---|--|---|--|
| First Name  | Middle Name  | Southward<br>Last Name                                | Case number (if known)   |
|   | and the second section of the second  |   |  |
| <ol> <li>Within 2 years before yeareditors, or other par</li> </ol> | /ou filed for bankruptcy, did y<br>ties.   | rou give a financial staten                           | nent to anyone about your business? Include all financial institution  |
| V No  |  |   |  |
| Yes. Fill in the deta   | ils below.   |   |  |
|   |  | Date issued   |  |
| Name  | ······································   | MM/DD/YYYY  | _  |
|   |  | MINN CONTTY   |  |
| Number Street   | <del>" " </del>  | -   |  |
|   |  |   |  |
| City  | State Zip Code   | ·   |  |
| Sign Below  |  |   |  |
|   |  | CSC/Titre Ornoto construction                         |  |
| a bankruptcy case can re  | stand that making a false star<br>sult in fines up to \$250,000,   | tement, concealing prope<br>or imprisonment for up to | ents, and I declare under penalty of perjury that the answers are rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341. 1519, and 3571. |
| /s/ Pa  | tsy Southward William  | . S-  | *  |
| Signature   | of Debtor 1  | <del>- 1/</del>                                       |  |
| Dete Alo  | 56°  |   | Signature of Debtor 2  |
| Date 9/2  |  |   | Date   |
| Did you attach additional   | pages to Your Statement of F   | inannial Affairm to the                               | luals Filing for Bankruptcy (Official Form 107)?   |
| No  |  | monetal wilding for Individ                           | luals Filing for Bankruptcy (Official Form 107)?   |
| TT Yes  |  |   |  |
| love to the second  |  |   |  |
| Did you pay or agree to pay   | y someone who is not an atto   | orney to bein you su                                  |  |
| IJI No  |  | to nesh you sill out b                                | ankruptcy forms?   |
| Yes. Name of person   |  |   |  |
| and the state of person   |  |   | Attach the Bankruptcy Petition Preparer's Notice.  |
| ener en                         | and the state of t | ***************************************               | Declaration, and Signature (Official Form 119).  |

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# UNITED STATES BANKRUPTCY COURT Northern District of Illinois

|               |                                     | - Transition   |
|---------------|-------------------------------------|--|
| In re:        | Southward, Patsy L                  |  |
|               | Debtor(s)                           | Case No  |
|               |                                     | Chapter. Chapter13   |
|               | VERIFICA                            | ATION OF CREDITOR MATRIX   |
| The nowledge. | above named Debtors hereby verify t | that the attached list of creditors is true and correct to the best of their |
| ate:          | 9/20/2017                           |  |
|               |                                     | Southward, Patsy L Signature of Debtor                                       |

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| Deb  | tor 1 Patsy<br>First Name   | L<br>Middle Name  | Southward                             | Case number (if known)   |             |  |  |  |
|--|---|---|---------------------------------------|--|-------------|--|--|--|
| 16.  | Calculate the median  | family income that applies to   | Last Name                             | the state of the s |             |  |  |  |
|  | 16a. Fill in the state in v   | which you live  |                                       |  |             |  |  |  |
|  |   | of people in your household.  | <u>Illinois</u>                       |  |             |  |  |  |
|  |   | amily income for your state and si                                      | ze of                                 |  | \$50,765.00 |  |  |  |
| 17.  | 11000001010   | To find a list of applicable median income amounts, go online           |                                       |  |             |  |  |  |
|  | Ta. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2).                  |   |                                       |  |             |  |  |  |
|  | 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 form, copy your current monthly income from line 14 above.  |   |                                       |  |             |  |  |  |
| Pari.  | Calculate Your C  | ommitment Period Under 1  | 11 U.S.C. \$132576\74                 | )  |             |  |  |  |
| 18.  | copy your total averag  | e monthly income from line 11.  |                                       |  | \$2,679.42  |  |  |  |
| 19.  | Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. |   |                                       |  |             |  |  |  |
|  | 19a. If the marital adjustr   | nent does not apply, fill in 0 on lin                                   | e 19a,                                | spouse's income, copy the amount from line 13.   |             |  |  |  |
|  | 19b. Subtract line 19a  | from line 18.   |                                       |  | -\$0.00     |  |  |  |
|  |   | monthly income for the year, Fo   | Mow these stance                      |  | \$2,679.42  |  |  |  |
| :  | 20a. Copy line 19b.   |   | men mose steps.                       |  |             |  |  |  |
|  | Multiply by 12 (the r   | number of months in a year).  | transfer and the second of the second | anning and an experience of the control of the cont | \$2,679.42  |  |  |  |
| 2  |   |   |                                       |  | x 12        |  |  |  |
|  | 20b. The result is your current monthly income for the year for this part of the form.  |   |                                       |  |             |  |  |  |
| 2  | 20c. Copy the median family income for your state and size of household from line 16c.  |   |                                       |  |             |  |  |  |
| 1. ‡   | How do the lines compare?   |   |                                       |  |             |  |  |  |
| Becoing  | Line 20b is less than commitment period is  | line 20c. Unless otherwise ordered<br>3 years, Go to Part 4.            | by the court, on the top              | of page 1 of this form, check box 3, The   |             |  |  |  |
| Designation of the last of the | Line 20b is more than<br>4, The commitment p  | or equal to line 20c. Unless other<br>period is 5 years. Go to Part 4.  | wise ordered by the cour              | t, on the top of page 1 of this form, check box  |             |  |  |  |
| rt 4:  | 1997<br>1997  |   |                                       |  |             |  |  |  |
|  | By signing here, I decl   | are under penalty of perium that th                                     | se information on this and            | tement and in any attachments is true and correct.   |             |  |  |  |
|  |   | ^   | o anomation on this stat              | tement and in any attachments is true and correct.   |             |  |  |  |
|  | /s/ Patsy South Signature of Debto  |   | *                                     |  |             |  |  |  |
|  |   |   | Signa                                 | ture of Debtor 2   |             |  |  |  |
|  | Date 9/20/2017<br>MM/DD/YYY   | <del>~</del>  | Date                                  | MM/DD/YYY  |             |  |  |  |
|  | If you checked 17a, do  | NOT fill out or file Form 122C-2.<br>out Form 122C-2 and file it with t | his form. On line 30 as 4             | inat form, copy your current monthly income from line 1.   |             |  |  |  |
|  |   | V   | Gr. Wile 02 01 III                    | is roun, copy your current monthly income from line 1-   | \$          |  |  |  |